

FORM
2

Rev
12/05

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling
Sidetrack

Document Number:
1759468
Plugging Bond Surety
20010102

3. Name of Operator: PETRO-CANADA RESOURCES (USA) INC 4. COGCC Operator Number: 72085

5. Address: 999 18TH ST STE 600
City: DENVER State: CO Zip: 80202-2499

6. Contact Name: SUSAN MILLER Phone: (303)297-2300 Fax: (303)297-7708
Email: SUMILLER@SUNCOR.COM

7. Well Name: DILLARD Well Number: 4-23

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 7400

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 4 Twp: 7N Rng: 64W Meridian: 6
Latitude: 40.603830 Longitude: -104.561440

Footage at Surface: 1982 FNL/FSL FNL 662 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4918 13. County: WELD

14. GPS Data:

Date of Measurement: 03/07/2007 PDOP Reading: 1.3 Instrument Operator's Name: RON EDWARDS

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL _____ FEL/FWL _____ Bottom Hole: FNL/FSL _____ FEL/FWL _____

Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____

16. Is location in a high density area? (Rule 603b)? Yes No

17. Distance to the nearest building, public road, above ground utility or railroad: 1142 ft

18. Distance to nearest property line: 641 ft 19. Distance to nearest well permitted/completed in the same formation: 931 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
CODELL/NIORARA	NB-CD		80	W2NW

21. Mineral Ownership: Fee State Federal Indian Lease #: _____

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: _____

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No Surface Owners Agreement Attached or \$25,000 Blanket Surface Bon \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
7-64 SECTION 4: NW/4

25. Distance to Nearest Mineral Lease Line: 662 ft 26. Total Acres in Lease: 160

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite
Method: Land Farming Land Spreading Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	26	730	502	730	0
1ST	7+7/8	4+1/2	11.6	7,400	1,076	7,400	700

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments CONDUCTOR CASING WILL NOT BE UTILIZED. SEE ITEM NO. 10 OF SUA FOR WAIVER OF 30-DAY NOTICE.

34. Location ID: 310361

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: SUSAN MILLER

Title: REGULATORY ANALYST Date: 10/28/2009 Email: SUMILLER@SUNCOR.COM

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Nashin Director of COGCC Date: 11/30/2009

Permit Number: _____ Expiration Date: 11/29/2011

API NUMBER
05 123 26305 00

CONDITIONS OF APPROVAL, IF ANY: _____

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

1) Provide `24 hr notice of spud to Ed Binkley at 970-506-9834 or e-mail at ed.binkley@state.co.us . 2) Note surface casing setting depth change from 700' to 730'. Increase cement coverage accordingly. Set surface casing per Rule 317d, cement to surface. 3) If completed, provide cement coverage from TD to a minimum of 200' above Niobrara. Verify coverage with cement bond log. 4) If dry hole, 40 sks cement 50' above Niobrara top, 50 sks cement ½ out, ½ in surface casing, 10 sks cement top of surface casing, cut 4' below GL, weld on plate, 5 sks cement in rat hole 5 sks cement in mouse hole. Restore surface location.

Attachment Check List

Att Doc Num	Name	Doc Description
1759470	WELL LOCATION PLAT	LF@2167002 1759470
1759474	SURFACE AGRMT/SURETY	LF@2167004 1759474
2109209	SURFACE CASING CHECK	LF@2188857 2109209.00000
400012222	FORM 2 SUBMITTED	LF@2173258 400012222
400021073	APD ORIGINAL	LF@2167000 400021073

Total Attach: 5 Files