

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



DE ET OE ES

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:

1904419

Plugging Bond Surety

20090080

3. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC

4. COGCC Operator Number: 10110

5. Address: 503 MAIN ST

City: WINDSOR State: CO Zip: 80550

6. Contact Name: JEFF REALE Phone: (970)686-8831 Fax: (866)742-1784

Email: _____

7. Well Name: COUFAL Well Number: 2-24

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

9. Proposed Total Measured Depth: 7400

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 2 Twp: 4N Rng: 67W Meridian: 6

Latitude: 40.335120 Longitude: -104.859820

Footage at Surface: 473 FNL/FSL FSL 2191 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4733 13. County: WELD

14. GPS Data:

Date of Measurement: 01/03/2008 PDOP Reading: 2.1 Instrument Operator's Name: A. SAMPSON

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: 272 ft

18. Distance to nearest property line: 163 ft 19. Distance to nearest well permitted/completed in the same formation: 1498 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.)
NIOBRARA-CODELL	NB-CD	407-87	80	S2SW4

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):
SEE EXHIBIT A ATTACHED.

25. Distance to Nearest Mineral Lease Line: 163 ft 26. Total Acres in Lease: 11

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	24	400	265	400	0
1ST	7+7/8	4+1/2	11.6	7,350	200	7,350	6,400

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

33. Comments **CONDUCTOR CASING WILL NOT BE SET; 30-DAY WAIVER IN SUA. NO CHANGES OR IMPROVEMENTS HAVE BEEN MADE WITHIN 500 FT OF THE PROPOSED WELLHEAD LOCATION IN THE PAST YEAR.**

34. Location ID: 310038

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: Y Print Name: JEFF REALE

Title: VP OPERATIONS Date: 5/14/2009 Email: JREALE@GWOGCO.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. Neslin Director of COGCC Date: 9/12/2009

API NUMBER
05 123 25793 00

Permit Number: 20092553 Expiration Date: 9/11/2011

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 HOUR NOTICE OF MIRU TO ED BINKLEY AT 970-506-9834 OR E-MAIL AT ED.BINKLEY@STATE.CO.US 2) COMPLY WITH RULE 317.I AND PROVIDE CEMENT COVERAGE FROM TD TO A MINIMUM OF 200' ABOVE NIOBRARA. VERIFY COVERAGE WITH CEMENT BOND LOG.

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Attachment Check List

Att Doc Num	Name	Doc Description
400005086	APD ORIG & 1 COPY	LF@2052556 400005086

Total Attach: 1 Files