

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:

400006012

Plugging Bond Surety

3. Name of Operator: MINERAL RESOURCES, INC. 4. COGCC Operator Number: 576675. Address: PO BOX 328City: GREELEY State: CO Zip: 806326. Contact Name: Collin Richardson Phone: (970)352-9446 Fax: (800)850-9334Email: collin@mineralresourcesinc.com7. Well Name: MAIN Y3 Well Number: 6-8-31

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

9. Proposed Total Measured Depth: 8065

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 31 Twp: 5N Rng: 65W Meridian: 6Latitude: 40.356110 Longitude: -104.707900Footage at Surface: 2461 FNL/FSL FNL 2176 FEL/FWL FWL11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 4658 13. County: WELD

14. GPS Data:

Date of Measurement: 02/07/2008 PDOP Reading: 2.5 Instrument Operator's Name: Dallas Nielson15. 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 _____

50 FSL 1210 FEL 50 FNL 1210 FELSec: 31 Twp: 5N Rng: 65W Sec: 31 Twp: 5N Rng: 65W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 200 ft18. Distance to nearest property line: 150 ft 19. Distance to nearest well permitted/completed in the same formation: 1973 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	CD	318A	160	see attached map
Niobrara	NB	318A	160	see attached map

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 attached lease and map.

25. Distance to Nearest Mineral Lease Line: 50 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+5/8	8+7/8	24	440	264	440	0
1ST LINER	7+7/8	4+1/2	11.6	8,065	185	8,065	7,324

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

33. Comments No conductor casing will be set. The operator is the surface owner.

34. Location ID: _____

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: Dan Hull

Title: Senior Project Manager Date: _____ Email: Dan.Hull@Ira-inc.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: _____ Director of COGCC Date: _____

API NUMBER	Permit Number: _____	Expiration Date: _____
05	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.

Attachment Check List

Att Doc Num	Name	Doc Description
400044049	UNIT CONFIGURATION MAP	318A Spacing Unit Main Y3.pdf
400044135	WELL LOCATION PLAT	Main Y3.pdf
400044137	TOPO MAP	Main Y3 Topo.pdf
400044260	MULTI-WELL PLAN	BH Main Y3.pdf
400054012	DEVIATED DRILLING PLAN	Mineral Main Y3 6-8-31 Plan #6 6-8-31 4-5-10.pdf
400057407	30 DAY NOTICE LETTER	30 Day Notification Letter.pdf
400057414	EXCEPTION LOC REQUEST	Exception Location Request for Rule 318A.a.pdf
400057416	SURFACE OWNER CONSENT	Surface Owner Notification Consultation.pdf
400057418	EXCEPTION LOC WAIVERS	Request Waiver for Rule 318A-c.pdf
400059310	MINERAL LEASE MAP	OGL and Mineral Lease Map.pdf
400060636	OTHER	20 day cert 318Ae Main 6-8-31.pdf

Total Attach: 11 Files