

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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Document Number:

400061047

Plugging Bond Surety

20100082

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

3. Name of Operator: SLAWSON EXPLORATION COMPANY INC 4. COGCC Operator Number: 10334

5. Address: 1675 BROADWAY - SUITE 1600
City: DENVER State: CO Zip: 80202

6. Contact Name: Terry Hoffman Phone: (303)250-0619 Fax: (303)412-8212
Email: tlhoffman@q.com

7. Well Name: Moonshine Well Number: 36-11-65

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

9. Proposed Total Measured Depth: 11840

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 36 Twp: 11N Rng: 65W Meridian: 6

Latitude: 40.871470 Longitude: -104.603040

Footage at Surface: 605 FNL/FSL FSL 605 FEL/FWL FEL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 5372 13. County: WELD

14. GPS Data:

Date of Measurement: 04/14/2010 PDOP Reading: 1.2 Instrument Operator's Name: Jason Levanen

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

Footage at Top of Prod Zone: FNL/FSL 1055 FSL 761 FEL/FWL FEL Bottom Hole: FNL/FSL 650 FNL 1997 FEL/FWL FEL
Sec: 36 Twp: 11N Rng: 65W Sec: 36 Twp: 11N Rng: 65W

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: 605 ft

18. Distance to nearest property line: 605 ft 19. Distance to nearest well permitted/completed in the same formation: 5280 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.)
Hygiene	HYGN			
Niobrara	NBRR			
Parkman	PRKM			
Richard	RCRD			
Shannon Sandstone	SNSD			
Sussex	SUSX			

21. Mineral Ownership: Fee State Federal Indian Lease #: 8731.5

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):
Section 36-T11N-R65W: All

25. Distance to Nearest Mineral Lease Line: 650 ft 26. Total Acres in Lease: 640

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	13+1/2	9+5/8	36	1,245	444	1,245	0
1ST	8+3/4	7	26	8,047	180	8,047	7,198
1ST LINER	6	4+1/2	11.6	11,840	0		

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

33. Comments Any measurement 5280' is one mile or greater.

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: Terry L. Hoffman

Title: Permit Agent Date: _____ Email: tlhoffman@q.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
400061048	WELL LOCATION PLAT	Moonshine 36-11-65 Well Location Plat.pdf
400061050	DEVIATED DRILLING PLAN	Moonshine 36-11-65 Directional Survey.pdf
400061051	30 DAY NOTICE LETTER	Slawson 30 day Notice Letter for State Lands Colorado.pdf

Total Attach: 3 Files