

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:

400067085

Plugging Bond Surety

20100082

3. Name of Operator: SLAWSON EXPLORATION COMPANY INC 4. COGCC Operator Number: 103345. Address: 1675 BROADWAY - SUITE 1600City: DENVER State: CO Zip: 802026. Contact Name: Venessa Langmacher Phone: (303)857-9999 Fax: (303)450-9200Email: vllpermitco@aol.com7. Well Name: Flapjack Well Number: 20-9-63

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

9. Proposed Total Measured Depth: 11708

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 20 Twp: 9N Rng: 63W Meridian: 6Latitude: 40.737627 Longitude: -104.464799Footage at Surface: 800 FNL/FSL FNL 600 FEL/FWL FWL11. Field Name: Wildcat Field Number: 9999912. Ground Elevation: 5161 13. County: WELD

14. GPS Data:

Date of Measurement: 04/28/2010 PDOP Reading: 2.8 Instrument Operator's Name: DJM15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 800 FNL 1077 FWL Bottom Hole: FNL/FSL 650 FSL 2024 FWLSec: 20 Twp: 9N Rng: 63W Sec: 20 Twp: 9N Rng: 63W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 752 ft18. Distance to nearest property line: 600 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	SNSD			
Sussex	SUSX			

21. Mineral Ownership: Fee State Federal Indian Lease #: 8668.5

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):
T9N-R63W: Section 20: NW, E/2 SW, SE

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 400

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: Evaporation and Burial

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	1,160	423	1,160	0
1ST	8+3/4	7+0/0	29	7,448	180	7,448	5,698
1ST LINER	6+0/0	4+1/2	11.6	11,678	0		

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

33. Comments No conductor casing will be set. The distance to the nearest well completed in the same formation is greater than one mile.

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: Venessa Langmacher

Title: Regulatory Supervisor Date: _____ Email: vllpermitco@aol.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
400067372	DRILLING PLAN	Flapjack1-20Hpre-spudfiles.pdf
400067373	DRILLING PLAN	Flapjack1-20HSingleLateralPlan.pdf
400067374	DRILLING PLAN	Flapjack1-20HWBD.pdf
400067392	WELL LOCATION PLAT	Flapjack20-9-63Plat well location map.pdf

Total Attach: 4 Files