

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
----	----	----	----

Document Number:
400066031
Plugging Bond Surety
20090062

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: MACHII-ROSS PETROLEUM CO 4. COGCC Operator Number: 52250

5. Address: 2901 28TH ST STE 205
City: SANTA MONICA State: CA Zip: 90405

6. Contact Name: CLAYTON DOKE Phone: (970)669-7411 Fax: (970)669-4077
Email: cdoke@petersonenergy.com

7. Well Name: LEONARD Well Number: 13-21J

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

9. Proposed Total Measured Depth: 8280

WELL LOCATION INFORMATION

10. QtrQtr: NWSW Sec: 21 Twp: 2N Rng: 67W Meridian: 6
Latitude: 40.122080 Longitude: -104.902550

Footage at Surface: 2038 FNL/FSL FSL 701 FEL/FWL FWL

11. Field Name: SPINDLE Field Number: 77900

12. Ground Elevation: 5003 13. County: WELD

14. GPS Data:

Date of Measurement: 09/18/2008 PDOP Reading: 1.3 Instrument Operator's Name: MARK ANGELL

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: 844 ft

18. Distance to nearest property line: 645 ft 19. Distance to nearest well permitted/completed in the same formation: 1393 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	CODL	407-87	80	N/2W/4
J SAND	JSND	232-23	320	S/2
NIOBRARA	NBRR	407-87	80	N/2SW/4

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#: 20090063

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):
T2N R67W; SEC. 21, SW/4, W/2 SE/4

25. Distance to Nearest Mineral Lease Line: 650 ft 26. Total Acres in Lease: 240

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	700	430	700	0
1ST	7+7/8	4+1/2	11.6	8,280	230	8,280	6,928
			Stage Tool	5,262	250	5,262	4,862

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

33. Comments NO CONDUCTOR CASING WILL BE RUN. THIS WELL TWINS THE EXISTING LEONARD 13-21. SINGLE CHANGE RELATIVE TO PRIOR APPROVED PERMIT- BUILDING DISTANCE CHANGED FROM 977' TO 844'. NO ATTACHMENTS HAVE BEEN ADDED PER OPERATOR GUIDANCE FOR RE-FILES.

34. Location ID: 318683

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: CLAYTON DOKE

Title: ENGINEER Date: 6/1/2010 Email: CDOKE@PETERSONENERG

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: 6/27/2010

API NUMBER
05 123 30548 00

Permit Number: _____ Expiration Date: 6/26/2012

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 Jim Precup at 303-469-1902 or e-mail at james.precup@state.co.us
- 2) Comply with Rule 317.i and provide cement coverage from TD to a minimum of 200' above Niobrara and from 200' below Shannon to 200' above Sussex. Verify coverage with cement bond log

Attachment Check List

Att Doc Num	Name	Doc Description
400066031	FORM 2 SUBMITTED	LF@2484603 400066031

Total Attach: 1 Files