

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:

400074876

Plugging Bond Surety

20090003

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER PILOT HOLE
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling
Sidetrack

3. Name of Operator: RUBICON OIL & GAS LLC 4. COGCC Operator Number: 10303

5. Address: 508 W WALL AVE STE 500
City: MIDLAND State: TX Zip: 79701

6. Contact Name: CHRISTI NG Phone: (303)595-7634 Fax: (303)595-7628
Email: CNG@RPM-INC.ORG

7. Well Name: PAWNEE Well Number: 9-65-36-1

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

9. Proposed Total Measured Depth: 7228

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 36 Twp: 9N Rng: 65W Meridian: 6

Latitude: 40.696811 Longitude: -104.603297

Footage at Surface: 300 FNL/FSL FSL 700 FEL/FWL FEL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 5186.8 13. County: WELD

14. GPS Data:

Date of Measurement: 06/29/2010 PDOP Reading: 1.9 Instrument Operator's Name: DJM

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

Footage at Top of Prod Zone: FNL/FSL 475 FNL 0 FEL 7 FEL/FWL 0 FEL 7

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: 679 ft

18. Distance to nearest property line: 300 ft 19. Distance to nearest well permitted/completed in the same formation: 1632 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		640	
J SAND	JSND		640	
NIOBRARA	NBRR		640	

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):
SEC 36, T9N, R65W, 6th PM

25. Distance to Nearest Mineral Lease Line: _____ 300 _____ 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	800	670	800	0

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

33. Comments PILOT HOLE SECTION. WILL SET 9 5/8" SURFACE CASING. 7" INTERMEDIATE CASING WILL BE SET IN THE HORIZONTAL SECTION OF THE WELL AFTER THE CURVE IS DRILLED.

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: CHRISTI NG

Title: AGENT FOR RUBICON Date: 7/7/2010 Email: CNG@RPM-INC.ORG

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
400074876	FORM 2 SUBMITTED	400074876.pdf
400074948	WELL LOCATION PLAT	Pawnee 9-65-36-1 Well Location Map.pdf
400075039	DEVIATED DRILLING PLAN	Pawnee 9-65-36-1 Deviated Drlg Plan.pdf

Total Attach: 3 Files