

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:
400082633
Plugging Bond Surety
20090040

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: FRAM OPERATING LLC 4. COGCC Operator Number: 10310

5. Address: 30 E PIKES PEAK AVE STE 283
City: COLORADO SPRINGS State: CO Zip: 80903

6. Contact Name: David Cook Phone: (719)593-8787 Fax: (719)314-1362
Email: dave@framamericas.com

7. Well Name: Azcarraga Well Number: 26-3

8. Unit Name (if appl): Whitewater Unit Number: 73038X

9. Proposed Total Measured Depth: 2900

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 26 Twp: 2S Rng: 2E Meridian: U
Latitude: 38.948980 Longitude: -108.345990

Footage at Surface: 671 ^{FNL/FSL} FSL 649 ^{FEL/FWL} FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 5338 13. County: MESA

14. GPS Data:
Date of Measurement: 06/14/2010 PDOP Reading: 2.1 Instrument Operator's Name: Dee Slaugh

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: 2515 ft
18. Distance to nearest property line: 672 ft 19. Distance to nearest well permitted/completed in the same formation: 2846 ft

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.)
Dakota	DKTA			
Entrada	ENRD			
Morrison	MRSN			

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):
 W2 SW4, Sec. 26, E2 SE4, Sec. 27, W2 NW4, NW4 SW4, Sec. 35, T2S, R2E, Ute PM

25. Distance to Nearest Mineral Lease Line: 672 ft 26. Total Acres in Lease: 280

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: Closed loop system

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
CONDUCTOR	20	16	24#	40	100	40	
SURF	13+3/8	9+5/8	36#	400	125	400	
2ND	8+1/2	5+1/2	15.5#	2,900	230	400	1,400

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

33. Comments 30-day notice, m 306 & 318b letter mailed 7/21/2010.

34. Location ID: 334458

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: David Cook

Title: Manager Date: 8/5/2010 Email: dave@framamericas.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 05 077 09251 00	Permit Number: _____ Expiration Date: _____
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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
400082633	FORM 2 SUBMITTED	400082633.pdf
400083556	30 DAY NOTICE LETTER	30-day notice, 306 consult, 318b waiver.pdf
400083557	WELL LOCATION PLAT	Plats.pdf

Total Attach: 3 Files