

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:

400099277

Plugging Bond Surety

20090067

3. Name of Operator: WIEPKING-FULLERTON ENERGY LLC

4. COGCC Operator Number: 96340

5. Address: 4600 S DOWNING ST

City: ENGLEWOOD State: CO Zip: 80113

6. Contact Name: Jack Fincham Phone: (303)906-3335 Fax: (303)761-9067

Email: fincham4@msn.com

7. Well Name: Bubba-State Well Number: # 3

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

9. Proposed Total Measured Depth: 7900

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 20 Twp: 10S Rng: 55W Meridian: 6

Latitude: 39.165960 Longitude: -103.577670

FNL/FSL

FEL/FWL

Footage at Surface: 1980 FNL 1980 FWL

11. Field Name: Great Plains Field Number: 32756

12. Ground Elevation: 5195.19 13. County: LINCOLN

14. GPS Data:

Date of Measurement: 10/01/2010 PDOP Reading: 2.8 Instrument Operator's Name: Keith Westfall

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: 1980 ft

18. Distance to nearest property line: 660 ft 19. Distance to nearest well permitted/completed in the same formation: 1320 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.)
Cherokee	CHRK			
Marmaton	MRTN			
Morrow	MRRW			

21. Mineral Ownership: ☐ Fee ☒ State ☐ Federal ☐ Indian Lease #: 9365

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. 20: NW1/4, SE1/4, T10S, R55W

25. Distance to Nearest Mineral Lease Line: 660 ft 26. Total Acres in Lease: 320

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: Backfill when dry

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	300	250	300	0
1ST	7+7/8	5+1/2	17	7,900	300	7,900	6,500

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

33. Comments No conductor casing will be used.

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: Jack Fincham

Title: Agent Date: _____ Email: fincham4@msn.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 Permit Number: _____ Expiration Date: _____

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
400099352	WELL LOCATION PLAT	Well Location Plat Bubba-State-3 well.pdf
400099353	TOPO MAP	Topo Map Bubba-State-3 well.pdf
400099354	OTHER	Lincoln County Permit to Drill Bubba-State-3 well.pdf
400099355	30 DAY NOTICE LETTER	30 day notice letter Bubba-State-3 well.pdf
400099507	PROPOSED BMPs	Proposed BMP Bubba-State-3 well.pdf

Total Attach: 5 Files