

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:

400101850

Plugging Bond Surety

20030110

3. Name of Operator: WHITING OIL AND GAS CORPORATION 4. COGCC Operator Number: 961555. Address: 1700 BROADWAY STE 2300City: DENVER State: CO Zip: 802906. Contact Name: Scott Webb Phone: (303)390-4095 Fax: (303)390-4960Email: scottw@whiting.com7. Well Name: Boies Well Number: C-5F-E2

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

9. Proposed Total Measured Depth: 9881

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 5 Twp: 3S Rng: 98W Meridian: 6Latitude: 39.821199 Longitude: -108.420096Footage at Surface: 1454 FNL/FSL FNL 1785 FEL/FWL FWL11. Field Name: Sulphur Creek Field Number: 8009012. Ground Elevation: 6588 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 01/04/2007 PDOP Reading: 2.9 Instrument Operator's Name: J. Williams15. 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 _____

1815 FNL 660 FWL 1815 FNL 660 FWLSec: 5 Twp: 3S Rng: 98W Sec: 5 Twp: 3S Rng: 98W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 219 ft18. Distance to nearest property line: 702 ft 19. Distance to nearest well permitted/completed in the same formation: 660 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.)
Iles	ILES	527-4		
Sego	SEGO	527-4		
Williams Fork	WMFK	527-1		

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):
A lease map is on file with the COGCC

25. Distance to Nearest Mineral Lease Line: 485 ft 26. Total Acres in Lease: 1160

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
CONDUCTOR	26	26	54	100			
SURF	12+1/4	9+5/8	40	3,500	922	3,500	0
1ST	8+1/2	4+1/2	11.6	9,881	875	9,881	3,400

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

33. Comments The pad has been constructed. The reserve pit has been constructed. The re-file will not require any expansion or additional surface disturbance of the pad. The location does not require a variance from any of the rules listed in Rule 306.d.(1).(A).(ii). The location is not in a wildlife restricted surface occupancy area.

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: Scott M. Webb

Title: Regulatory Coordinator Date: _____ Email: scottw@whiting.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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05 103 11039 00

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
400101863	WELL LOCATION PLAT	BOIES-C-5F-E2 Final Plat 5-1-07.pdf

Total Attach: 1 Files