

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:
2584361
Plugging Bond Surety
19860025

3. Name of Operator: TOP OPERATING COMPANY 4. COGCC Operator Number: 39560

5. Address: 10881 ASBURY AVE STE 230
City: LAKEWOOD State: CO Zip: 80227

6. Contact Name: MURRAY J. HERRING Phone: (303)727-9915 Fax: (303)727-9925
Email: TOPOPRTNG@AOL.COM

7. Well Name: SHERWOOD Well Number: 1

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

9. Proposed Total Measured Depth: 0

WELL LOCATION INFORMATION

10. QtrQtr: Lot 1 Sec: 18 Twp: 2N Rng: 68W Meridian: 6
Latitude: 40.140820 Longitude: -105.048480

Footage at Surface: 1788 FNL/FSL FNL 1934 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4899 13. County: WELD

14. GPS Data:

Date of Measurement: 08/06/2010 PDOP Reading: 6.0 Instrument Operator's Name: RODNEY K. HERRING

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: 1934 ft

18. Distance to nearest property line: 659 ft 19. Distance to nearest well permitted/completed in the same formation: 1340 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	S/2 NW/4
NIORARA	NBRR	407-87	80	S/2 NW/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#: _____

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. 7 ALL THAT PART OF SE/4 S OF CB&O RR ROW SEC 18 NW/4 EXCEPT N 300' OF W 600': W/2 NE/4 T2N R68W 6TH PM

25. Distance to Nearest Mineral Lease Line: 1788 ft 26. Total Acres in Lease: 276

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	453	320	453	0
1ST	7+7/8	4+1/2	11.6	7,984	310	7,984	6,760

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

33. Comments WE PLAN TO RECOMPLETE THIS WELL IN THE CODELL AND NIOBRARA FMS. AND COMMINGLE ALL 3 FMS. A FORM 2A IS NOT REQUIRED FOR THIS RECOMPLETION BECAUSE NO PIT WILL BE CONSTRUCTED AND THERE WILL BE NO ADDITIONAL SURFACE DISTURBANCE BEYOND THE ORIGINALLY DISTURBED AREA.

34. Location ID: 306032

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: MURRAY J. HERRING

Title: VICE PRESIDENT Date: 9/27/2010 Email: TOPOPRTNG@AOL.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: David S. Neslin Director of COGCC Date: 10/27/2010

API NUMBER
 05 123 23886 00

Permit Number: _____ Expiration Date: 10/26/2012

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.

Attachment Check List

Att Doc Num	Name	Doc Description
2584361	APD ORIGINAL	LF@2596658 2584361

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	added plugging bond and changed QtrQtr to Lot # with operator approval	10/5/2010 3:36:22 PM

Total: 1 comment(s)

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