

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400118763

Plugging Bond Surety

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: WEXPRO COMPANY

4. COGCC Operator Number: 95960

5. Address: P O BOX 45003

City: SALT LAKE CITY State: UT Zip: 84145-0601

6. Contact Name: DEE FINDLAY Phone: (307)352-7554 Fax: (307)352-7575
Email: dee.findlay@questar.com

7. Well Name: BW MUSSER Well Number: 43

8. Unit Name (if appl): POWDER WASH Unit Number: COC047671
A

9. Proposed Total Measured Depth: 9594

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 8 Twp: 11N Rng: 97W Meridian: 6

Latitude: 40.926928 Longitude: -108.307483

Footage at Surface: 2333 feet FNL/FSL 347 feet FEL/FWL FEL

11. Field Name: POWDER WASH Field Number: 69800

12. Ground Elevation: 6768 13. County: MOFFAT

14. GPS Data:

Date of Measurement: 07/21/2010 PDOP Reading: 1.1 Instrument Operator's Name: DAVID KAY

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

Footage at Top of Prod Zone: FNL/FSL 2465 FNL 341 FWL 341 FEL/FWL 2465 FNL 341 FWL 341
Sec: 9 Twp: 11N Rng: 97W Sec: 9 Twp: 11N Rng: 97W

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: 240 ft

18. Distance to nearest property line: 18200 ft 19. Distance to nearest well permitted/completed in the same formation: 819

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.)
FORT UNION	FTUN			
WASATCH	WSTC			

21. Mineral Ownership: ☐ Fee ☐ State ☒ Federal ☐ Indian Lease #: COD038749
B

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):
SEE ATTACHED MAP

25. Distance to Nearest Mineral Lease Line: 341 ft 26. Total Acres in Lease: 1895

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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	20	16	steel		80	8	80	
SURF	12+1/4	9+5/8	36		1,500	535	1,500	
1ST	7+7/8	4+1/2	13.5		9,594	1,432	9,594	

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

33. Comments This well will be drilled directionally and there will be three additional well bores located on the pad to minimize surface disturbance. This pad is covered under the Master surface Use Plan, dated 01/01/2011.

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: G. T. NIMMO

Title: OPERATIONS MANAGER Date: _____ Email: dee.findlay@questar.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
400118793	WELL LOCATION PLAT
400118795	DEVIATED DRILLING PLAN
400120486	TOPO MAP
400120488	LEASE MAP
400126986	FED. DRILLING PERMIT
400126987	FED. DRILLING PERMIT
400126988	FED. DRILLING PERMIT
400126989	DRILLING PLAN
400126990	DRILLING PLAN

Total Attach: 9 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)