

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:
400136088
Plugging Bond Surety
20100027

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: ESENJAY OPERATING INC 4. COGCC Operator Number: 10326

5. Address: 500 N. WATER STREET - STE 1100S
City: CORPUS CHRISTI State: TX Zip: 78471

6. Contact Name: Fabrianna Venaducci Phone: (303)279-0789 Fax: (303)279-1124
Email: fabrianna@jameskaro.com

7. Well Name: Jess Well Number: 23-10

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

9. Proposed Total Measured Depth: 6850

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 23 Twp: 7N Rng: 59W Meridian: 6
Latitude: 40.558340 Longitude: -103.944270

Footage at Surface: 1972 feet FNL/FSL FSL 2276 feet FEL/FWL FEL

11. Field Name: wildcat Field Number: 99999

12. Ground Elevation: 4925 13. County: WELD

14. GPS Data:

Date of Measurement: 02/27/2010 PDOP Reading: 2.3 Instrument Operator's Name: Michael Feigenbaum

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: 2246 ft

18. Distance to nearest property line: 669 19. Distance to nearest well permitted/completed in the same formation: 8712 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.)
DSAND	DSND		40	Sec 23: NWSE

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):
 SW/4, W/2SE/4, SE/4SE/4, Sec 23, T7N, R59W, 6th PM

25. Distance to Nearest Mineral Lease Line: 669 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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite **If 28, 29, or 30 are "Yes" a pit permit may be required.**

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
SURF	12+1/4	8+5/8	24	0	525	265	525	0
1ST	7+7/8	5+1/2	15.5	0	6,850	485	6,850	2,000

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

33. Comments _____

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: Fabrianna Venaducci

Title: Operations Landman, Agent Date: 2/23/2011 Email: fabrianna@jameskaro.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. Noshin Director of COGCC Date: 3/3/2011

Permit Number: _____ Expiration Date: 3/2/2013

API NUMBER
05 123 31643 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.

Prior to recompletion, operator must: 1) Provide 24 hour notice of MIRU to Colby Horton at 970-467-2517 or e-mail at colby.horton@state.co.us 2) Upon well recompletion operator shall file a COGCC Form 5A, Completion Interval Report.

Attachment Check List

Att Doc Num	Name
400136088	FORM 2 SUBMITTED

Total Attach: 1 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)