

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:
400136560
Plugging Bond Surety
19820016

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: SAMSON RESOURCES COMPANY 4. COGCC Operator Number: 76104

5. Address: TWO WEST SECOND ST
City: TULSA State: OK Zip: 74103

6. Contact Name: Georganne Mitchell Phone: (720)239-4365 Fax: (720)904-1392
Email: gmitchell@samson.com

7. Well Name: Lucero 32-7-11 Well Number: #1

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

9. Proposed Total Measured Depth: 6088

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 11 Twp: 32N Rng: 7W Meridian: N

Latitude: 37.027220 Longitude: -107.585410

Footage at Surface: 1040 feet FSL 445 feet FWL

11. Field Name: Ignacio Blanco Field Number: 38300

12. Ground Elevation: 6243.4 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 12/26/2010 PDOP Reading: 4.6 Instrument Operator's Name: M. Williams

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 _____
1405 FNL 692 FWL 660 FNL 660 FWL
Sec: 11 Twp: 32N Rng: 7W Sec: 11 Twp: 32N Rng: 7W

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: 4540 ft

18. Distance to nearest property line: 213 ft 19. Distance to nearest well permitted/completed in the same formation: 2329 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.)
Fruitland Coal	FRLDC	112-197	320	W/2

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#: 19820017

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):
Please see attached mineral lease.

25. Distance to Nearest Mineral Lease Line: 665 ft 26. Total Acres in Lease: 240

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: Reserve Pit Evaporation

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	350	265	350	
1ST	7+7/8	5+1/2	17	0	3,213	258	3,213	0
1ST LINER	4+3/4	2+7/8	6.4	0	2,656		0	0

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

33. Comments Lateral #1 hole APD: Please append extension -01 to this API number.

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: Lauren Christiansen

Title: Land Technician Date: 3/3/2011 Email: lchristiansen@samson.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	Permit Number: _____	Expiration Date: _____
05	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.

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Attachment Check List

Att Doc Num	Name
400136560	FORM 2 SUBMITTED
400136755	DEVIATED DRILLING PLAN
400136800	PLAT
400136806	LEGAL/LEASE DESCRIPTION

Total Attach: 4 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)