

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
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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:
 400140699
 Plugging Bond Surety
 20080134

3. Name of Operator: PINE RIDGE OIL & GAS LLC 4. COGCC Operator Number: 10276

5. Address: 600 17TH ST STE 800S
 City: DENVER State: CO Zip: 80202

6. Contact Name: Jill Lazatin Phone: (303)226-1316 Fax: (303)226-1301
 Email: jill.lazatin@cometridgeresources.com

7. Well Name: Triggerfish Well Number: 22-31

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

9. Proposed Total Measured Depth: 4390

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 31 Twp: 19S Rng: 69W Meridian: 6
 Latitude: 38.354133 Longitude: -105.155972

Footage at Surface: 1947 feet FNL 1867 feet FWL

11. Field Name: Florence-Canon City Field Number: 24600

12. Ground Elevation: 5597 13. County: FREMONT

14. GPS Data:

Date of Measurement: 03/10/2011 PDOP Reading: 2.7 Instrument Operator's Name: Steven Parker

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
1947 FNL 1867 FWL 2605 FSL 2569 FEL
 Sec: 31 Twp: 19S Rng: 69W Sec: 31 Twp: 19S Rng: 69W

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: 200 ft

18. Distance to nearest property line: 180 ft 19. Distance to nearest well permitted/completed in the same formation: 5280 ft

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.)
Pierre Shale	PRRE			

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

21. Mineral Ownership: Fee State Federal Indian Lease #: None

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):
Township 19 South, Range 69 West, 6th P.M. Section 19: NE/4SW/4 Section 30: NE/4, W/2SE/4, E/2SW/4 Section 31: E/2, E/2W/2 Fremont County, Colorado

25. Distance to Nearest Mineral Lease Line: 520 ft 26. Total Acres in Lease: 840

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: Evaporation and Burial

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	24	16	1/4 WT	0	60	60	60	0
SURF	12+1/4	8+5/8	24 ppf	0	660	252	660	0
1ST	7+7/8	5+1/2	15.5 ppf	0	4,930			

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: Jill Lazatin

Title: Engineer Technician Date: 3/14/2011 Email: jill.lazatin@cometridgeresource

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: 3/22/2011

API NUMBER 05 043 06203 00	Permit Number: _____	Expiration Date: <u>3/21/2013</u>
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CONDITIONS OF APPROVAL, IF ANY: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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.

- 1) Provide 48 hour notice of MIRU to Mike Leonard at 719-647-9715 or e-mail at mike.leonard@state.co.us.
- 2) If well is a dry hole, set 50 sks cement across surface casing shoe, 15 sks cement from 50' up in surface casing, cut off casing 4' below GL, weld on plate, 5 sks cement in rat hole & 5 sks cement in mouse hole.
- 3) Comply with Rule 321. Run and submit Directional Survey from TD to base of surface casing. Ensure that the wellbore complies with setback requirements in commission orders or rules prior to producing the well.

Derrick height (ground to crown) cannot exceed 118 feet due to the close proximity of an above ground utility.

Attachment Check List

Att Doc Num	Name
400140699	FORM 2 SUBMITTED
400140706	TOPO MAP
400140707	LEASE MAP
400140710	DEVIATED DRILLING PLAN
400142150	WAIVERS
400142205	WELL LOCATION PLAT
400142211	WAIVERS
400142438	VARIANCE REQUEST

Total Attach: 8 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	PERMITTING PASSED- JLV	3/22/2011 8:47:51 AM
Permit	Per Operator the height of the Derrick for the Triggerfish 22-31 is 79ft.	3/18/2011 4:12:55 PM
Permit	Request the required 4 photographs with each photograph identified by: date taken, well or location name and direction of view. Also request signature on the attached letter and distance to the overhead powerlines. Send the Form 2 back to draft for Operator to correct the deficiencies. JLV	3/16/2011 1:52:31 PM

Total: 3 comment(s)

BMP

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

Total: 0 comment(s)