

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:
400165887
Plugging Bond Surety
20060105

APPLICATION FOR PERMIT TO:

1. **Drill,** Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER AND GAS
SINGLE ZONE MULTIPLE COMMINGLE

Refiling
Sidetrack

3. Name of Operator: APOLLO OPERATING LLC 4. COGCC Operator Number: 10051

5. Address: 1538 WAZEE ST STE 200
City: DENVER State: CO Zip: 80202

6. Contact Name: TANYA CARPIO Phone: (303)830-0888 Fax: (303)830-2818
Email: TCARPIO@APOLLOOPERATING.COM

7. Well Name: E.L. MINCH Well Number: 24-4

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

9. Proposed Total Measured Depth: 7650

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 4 Twp: 3N Rng: 68W Meridian: 6
Latitude: 40.249490 Longitude: -105.010560

Footage at Surface: 665 feet FNL/FSL FSL 1992 feet FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 5053 13. County: WELD

14. GPS Data:

Date of Measurement: 04/21/2011 PDOP Reading: 1.8 Instrument Operator's Name: ADAM KELLY

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: 659 ft

18. Distance to nearest property line: 664 ft 19. Distance to nearest well permitted/completed in the same formation: 3896 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.)
NIOBRARA-CODELL	NB-CD	407-87	80	S/2SW/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 Surface Owners Agreement Attached or \$25,000 Blanket Surface Bond \$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 MINERAL LEASE DESCRIPTION AND MINERAL LEASE MAP.~~

25. Distance to Nearest Mineral Lease Line: 664 ft 26. Total Acres in Lease: 167

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: CLOSED LOOP SYSTEM
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	400	275	400	
1ST	7+7/8	4+1/2	11.6	0	7,650	525	7,650	3,000

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None
33. Comments NO CONDUCTOR WILL BE USED.

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: TANYA CARPIO
Title: OFFICE MANAGER Date: 5/18/2011 Email: TCARPIO@APOLLOOPERATI

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: _____
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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
400165887	FORM 2 SUBMITTED
400165908	LEGAL/LEASE DESCRIPTION
400165911	MINERAL LEASE MAP
400166196	WELL LOCATION PLAT
400167418	30 DAY NOTICE LETTER
400167435	SURFACE AGRMT/SURETY

Total Attach: 6 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)