

FORM
2Rev
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:

400169527

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 LLC4. COGCC Operator Number: 100515. Address: 1538 WAZEE ST STE 200City: DENVER State: CO Zip: 802026. Contact Name: TANYA CARPIO Phone: (303)830-0888 Fax: (303)830-2818Email: TCARPIO@APOLLOOPERATING.COM7. Well Name: HOAGLAND Well Number: 43-4D

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

9. Proposed Total Measured Depth: 7816

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 4 Twp: 3N Rng: 68W Meridian: 6Latitude: 40.249600 Longitude: -105.001000Footage at Surface: 678 feet FNL/FSL 649 feet FEL/FWL FEL11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 5012 13. County: WELD

14. GPS Data:

Date of Measurement: 05/06/2011 PDOP Reading: 2.5 Instrument Operator's Name: ADAM KELLY15. 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
<u>1993</u>	<u>FSL</u>	<u>664</u>	<u>1993</u>	<u>FSL</u>	<u>664</u>
Sec: <u>4</u>	Twp: <u>3N</u>	Rng: <u>68W</u>	Sec: <u>4</u>	Twp: <u>3N</u>	Rng: <u>68W</u>

16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 653 ft18. Distance to nearest property line: 649 ft 19. Distance to nearest well permitted/completed in the same formation: 5368 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.)
CODELL-NIOBRARA	CD-NB	407-87	80	N/2SE/4

21. Mineral Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian Lease #: _____22. Surface Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian23. 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 ☐ No23b. 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).
PT. S/2SE/4 SEC. 4 T3N R68W; MINERAL LEASE MAP IS ATTACHED

25. Distance to Nearest Mineral Lease Line: 649 ft

26. Total Acres in Lease: 126

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	0
1ST	7+7/8	4+1/2	11.6	0	7,816	525	7,816	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: _____ 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

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
400169659	WELL LOCATION PLAT
400169664	MINERAL LEASE MAP
400169667	30 DAY NOTICE LETTER
400169671	DEVIATED DRILLING PLAN

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)

BMP

Type	Comment

Total: 0 comment(s)