



DE	ET	OE	ES
----	----	----	----

Document Number:  
 400172158  
 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: MARGIL FARMS Well Number: 12-2D  
 8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_  
 9. Proposed Total Measured Depth: 7706

**WELL LOCATION INFORMATION**

10. QtrQtr: SWNW Sec: 2 Twp: 3N Rng: 68W Meridian: 6  
 Latitude: 40.258370 Longitude: -104.977270  
 Footage at Surface: 1569 feet FNL/FSL FNL 723 feet FEL/FWL FWL  
 11. Field Name: WATTENBERG Field Number: 90750  
 12. Ground Elevation: 5014 13. County: WELD

14. GPS Data:  
 Date of Measurement: 05/06/2011 PDOP Reading: 1.6 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 2046 FNL 666 FWL 2046 FNL 666 FWL  
 Bottom Hole: FNL/FSL 2046 FNL 666 FWL 2046 FNL 666 FWL  
 Sec: 2 Twp: 3N Rng: 68W Sec: 2 Twp: 3N Rng: 68W

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: 396 ft  
 18. Distance to nearest property line: 155 ft 19. Distance to nearest well permitted/completed in the same formation: 3081 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.)
CODELL-NIOBRARA	CD-NB	407-87	80	S/2NW/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 No:  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

25. Distance to Nearest Mineral Lease Line: 155 ft 26. Total Acres in Lease: 92

### 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	7,706	1,150	7,706	0

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
400172176	WELL LOCATION PLAT
400172204	MINERAL LEASE MAP
400172205	DEVIATED DRILLING PLAN
400172206	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)