

**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

Document Number:  
400172329

Plugging Bond Surety  
20060105

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: STEFFES      Well Number: 22-2

8. Unit Name (if appl): \_\_\_\_\_      Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 7650

**WELL LOCATION INFORMATION**

10. QtrQtr: SENW      Sec: 2      Twp: 3N      Rng: 68W      Meridian: 6  
Latitude: 40.257080      Longitude: -104.972700

Footage at Surface:      2055      feet      FNL/FSL      FNL      1997      feet      FEL/FWL      FWL

11. Field Name: WATTENBERG      Field Number: 90750

12. Ground Elevation: 4997      13. County: WELD

14. GPS Data:  
Date of Measurement: 05/06/2011      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: 536 ft

18. Distance to nearest property line: 285 ft      19. Distance to nearest well permitted/completed in the same formation: 1946 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: 285 ft 26. Total Acres in Lease: 28

### 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	7,650	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: \_\_\_\_\_ 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
400172359	WELL LOCATION PLAT
400172360	MINERAL LEASE MAP
400172361	LEGAL/LEASE DESCRIPTION
400172362	SURFACE AGRMT/SURETY

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)