

APPLICATION FOR PERMIT TO:

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

2. TYPE OF WELL

OIL GAS COALBED OTHER _____

SINGLE ZONE MULTIPLE COMMINGLE

Refiling
Sidetrack

Document Number:
400210315

PluggingBond SuretyID
20090080

3. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC 4. COGCC Operator Number: 10110

5. Address: 503 MAIN ST
City: WINDSOR State: CO Zip: 80550

6. Contact Name: Lisa Pfizenmaier Phone: (970)686-8831 Fax: ()
Email: lpfizenmaier@gwogco.com

7. Well Name: MANENTI Well Number: 20-34

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

9. Proposed Total Measured Depth: 7700

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 20 Twp: 7N Rng: 66W Meridian: 6
Latitude: 40.555050 Longitude: -104.795050

Footage at Surface: 693 feet FSL 681 feet FEL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 4939 13. County: WELD

14. GPS Data:
Date of Measurement: 09/28/2011 PDOP Reading: 2.2 Instrument Operator's Name: C. Van Matre

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

668 FSL 2062 FEL 668 FSL 2062 FEL

Sec: 20 Twp: 7N Rng: 66W Sec: 20 Twp: 7N Rng: 66W

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: 466 ft

18. Distance to nearest property line: 223 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1161 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.)
Niobrara-Codell	NB-CD		80	S/2, SE/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):

Reference attached exhibit for lease map description

25. Distance to Nearest Mineral Lease Line: 420 ft

26. Total Acres in Lease: 50

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: WMP facility #425490

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	850	450	850	0
1ST	7+7/8	4+1/2	11.6	0	7,700	550	7,700	6,835

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments Conductor casing will not be set. 30-Day notice waiver in SUA. This location replaces Wiedeman 20-34 API 05-123-28139-00 which has been abandoned on form 4.

34. Location ID: 302300

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: Lisa Pfizenmaier

Title: Permitting Technician

Date: _____

Email: lpfizenmaier@gwogco.com

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
400210325	PLAT
400210326	TOPO MAP
400210328	SURFACE AGRMT/SURETY
400210331	SURFACE AGRMT/SURETY
400211366	DEVIATED DRILLING PLAN
400211367	MULTI-WELL PLAN
400211368	LEASE MAP

Total Attach: 7 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)