

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:
400212144

PluggingBond SuretyID
20030110

3. Name of Operator: WHITING OIL AND GAS CORPORATION 4. COGCC Operator Number: 96155

5. Address: 1700 BROADWAY STE 2300
City: DENVER State: CO Zip: 80290

6. Contact Name: Marie OKeefe Phone: (303)495-6775 Fax: (303)495-6777
Email: marie.okeefe@whiting.com

7. Well Name: Boies Well Number: B-30H-I2

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

9. Proposed Total Measured Depth: 11188

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 30 Twp: 2S Rng: 97W Meridian: 6
Latitude: 39.845777 Longitude: -108.319603

Footage at Surface: 2097 feet FNL/FSL FSL 1254 feet FEL/FWL FEL

11. Field Name: Sulphur Creek Field Number: 80090

12. Ground Elevation: 6272 13. County: RIO BLANCO

14. GPS Data:
Date of Measurement: 09/24/2008 PDOP Reading: 2.2 Instrument Operator's Name: Larry D. Brown

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

2125 FSL 621 FEL 2125 FSL 621 FEL

Sec: 30 Twp: 2S Rng: 97W Sec: 30 Twp: 2S Rng: 97W

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: 202 ft

18. Distance to nearest property line: 494 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 330 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.)
Iles	ILES	527-4		
Williams Fork	WMFK	527-1		

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):

Map attached.

25. Distance to Nearest Mineral Lease Line: 621 ft 26. Total Acres in Lease: 1160

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: _____

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
CONDUCTOR	26+0/0	26+0/0	128	0	80			
SURF	12+1/4	8+5/8	40	0	3,500	1,252	3,500	0
1ST	7+7/8	4+1/2	11.6	3000	11,188	875	11,188	3,000

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

33. Comments The pad and pits have been constructed. The re-file will not require any expansion or additional surface disturbance of the pad. The location does not require a variance from any of the rules in Rule 306.d.(1).(A).(ii). The location is not in a wildlife restricted surface occupancy area.

34. Location ID: 336040

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: Marie OKeefe

Title: Regulatory Coordinator Date: _____ Email: marie.okeefe@whiting.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

05 103 11411 00

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
400212162	MINERAL LEASE MAP

Total Attach: 1 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)