

FORM
2

Rev
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:

400213609

PluggingBond SuretyID

APPLICATION FOR PERMIT TO:

1. ☒ Drill, ☐ Deepen, ☐ Re-enter, ☐ Recomplete and Operate

2. TYPE OF WELL

OIL ☐ GAS ☒ COALBED ☐ OTHER _____
SINGLE ZONE ☐ MULTIPLE ☒ COMMINGLE ☒

Refilling ☐

Sidetrack ☐

3. Name of Operator: WEXPRO COMPANY

4. COGCC Operator Number: 95960

5. Address: P O BOX 45003

City: SALT LAKE CITY State: UT Zip: 84145-0601

6. Contact Name: Tammy Fredrickson Phone: (307)3527514 Fax: (307)3527575

Email: Tammy.Fredrickson@Questar.com

7. Well Name: Ace Unit Well Number: 17

8. Unit Name (if appl): Ace Unit Unit Number: COC047584

9. Proposed Total Measured Depth: 9565

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 28 Twp: 12N Rng: 97W Meridian: 6

Latitude: 40.968689 Longitude: -108.287503

Footage at Surface: 1694 feet FNL/FSL 107 feet FEL/FWL FEL

11. Field Name: Powder Wash Field Number: 69800

12. Ground Elevation: 6509 13. County: MOFFAT

14. GPS Data:

Date of Measurement: 06/08/2011 PDOP Reading: 1.3 Instrument Operator's Name: R. Kay

15. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 2108 FSL 1647 FEL 2108 FSL 1647 FEL 2108
Sec: 28 Twp: 12N Rng: 97W Sec: 28 Twp: 12N 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: 1 mi

18. Distance to nearest property line: 107 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 900 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.)
Fort Union	FTUN			
Lance	LNFTW			
Wasatch	WSTC			

21. Mineral Ownership: ☐ Fee ☐ State ☒ Federal ☐ Indian Lease #: COC 0081267

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 Map

25. Distance to Nearest Mineral Lease Line: 1647 ft 26. Total Acres in Lease: 760

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
CONDUCTOR	20+0/0	16+0/0	42	0	80	155	80	0
SURF	12+1/4	9+5/8	36	0	1,500	461	1,500	0
1ST	7+7/8	4+1/2	13.5	0	9,565	1,427	9,565	0

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

33. Comments This well is covered by the Ace Unit 14 Pad Master Surface Use Plan dated 08/31/11.

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: Jimmy L. Druce

Title: Operations Manager Date: _____ Email: Tammy.Fredrickson@Questar.

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
400213622	FED. DRILLING PERMIT
400213623	DEVIATED DRILLING PLAN
400213624	DRILLING PLAN
400213625	PLAT
400213626	TOPO MAP
400213627	LEASE MAP

Total Attach: 6 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>
Construction	Storm water and erosion control methods will be utilized from the start of construction until stabilization of the site.
Drilling/Completion Operations	The location will be bermed in all areas where a fill slope is present to contain all fluids on the location.
Structural Practices	The tanks will be surrounded by a containment that is capable of containing 110% of the largest tank during the production phase of the well pad.

Total: 3 comment(s)