

FORM
2

Rev
12/05

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400255383

Date Received:

06/21/2012

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

PluggingBond SuretyID

20100027

3. Name of Operator: ESENJAY OPERATING INC

4. COGCC Operator Number: 10326

5. Address: 500 N. WATER STREET - STE 1100S

City: CORPUS CHRISTI State: TX Zip: 78471

6. Contact Name: Fabrianna Venaducci Phone: (303)2790789 Fax: (303)2791124

Email: fabrianna@jameskaro.com

7. Well Name: Jones Well Number: 2-12-4-60

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

9. Proposed Total Measured Depth: 6335

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 2 Twp: 4N Rng: 60W Meridian: 6

Latitude: 40.348740 Longitude: -104.064990

Footage at Surface: 342 feet FNL/FSL FNL 2529 feet FEL/FWL FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 4381 13. County: MORGAN

14. GPS Data:

Date of Measurement: 01/20/2012 PDOP Reading: 1.2 Instrument Operator's Name: Brian T. Brinkman

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

Footage at Top of Prod Zone: FNL/FSL 2304 FSL 1963 FWL _____ Bottom Hole: FNL/FSL 2304 FSL 1963 FWL _____
Sec: 2 Twp: 4N Rng: 60W Sec: 2 Twp: 4N Rng: 60W

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: 295 ft

18. Distance to nearest property line: 150 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 5280 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.)
DSAND	DSND		80	NESW, NWSE

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):

NESW, NWSE, Sec. 2 T4N R60W, 6th P.M. Multiple leases are being pooled to create a single 80 acre drilling and spacing unit. Operator has filed a hearing application regarding the same.

25. Distance to Nearest Mineral Lease Line: 282 26. Total Acres in Lease: 80

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
SURF	12+1/2	8+5/8	24	0	500	350	500	0
1ST	7+7/8	4+1/2	11.6	0	6,335	830	6,335	4,900

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

33. Comments Location is an exception location. Waivers and letter to director are attached. Operator has submitted a hearing application for spacing uni and pooling of open interests. No conductor casing 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: Fabrianna Venaducci

Title: Contract Landman Date: 6/21/2012 Email: fabrianna@jameskaro.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
400255383	FORM 2 SUBMITTED
400297203	PLAT
400297207	TOPO MAP
400297211	EXCEPTION LOC REQUEST
400297212	EXCEPTION LOC WAIVERS
400297214	SURFACE AGRMT/SURETY
400298240	DEVIATED DRILLING PLAN
400298606	DIRECTIONAL DATA

Total Attach: 8 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)