

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:

400297400

Date Received:

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 ☐

PluggingBond SuretyID

20060105

3. Name of Operator: APOLLO OPERATING LLC4. COGCC Operator Number: 100515. Address: 1538 WAZEE ST STE 200City: DENVER State: CO Zip: 802026. Contact Name: TANYA CARPIO Phone: (303)830-0888 Fax: (303)830-2818Email: TCARPIO@APOLLOOPERATING.COM7. Well Name: MURDOCK Well Number: 34SW-BL

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

9. Proposed Total Measured Depth: 7900

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 34 Twp: 5N Rng: 68W Meridian: 6Latitude: 40.351320 Longitude: -104.995020

Footage at Surface: 767 feet FNL/FSL 2065 feet FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 5058 13. County: LARIMER

14. GPS Data:

Date of Measurement: 06/13/2012 PDOP Reading: 1.6 Instrument Operator's Name: ADAM KELLY15. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 5 FSL 5 FWL 5 Bottom Hole: FNL/FSL 5 FSL 5 FWL 5
 Sec: 34 Twp: 5N Rng: 68W Sec: 34 Twp: 5N Rng: 68W

16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 764 ft18. Distance to nearest property line: 483 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 835 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.)
J-SAND	JSND			
NIOBRARA-CODELL	NB-CD		120	GWA

21. Mineral Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian Lease #: _____22. Surface Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian23. 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: 474 ft

26. Total Acres in Lease: 69

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	11	8+5/8	24	0	550	228	550	0
1ST	7+7/8	4+1/2	11.6	0	7,900	770	7,900	3,000

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

33. Comments NO CONDUCTOR WILL BE USED. The drill unit will include the SWSW of 34-5N-68W, SESE of 33-5N-68W and the NENE of 4-4N-68W.

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
400297441	WELL LOCATION PLAT
400297443	MINERAL LEASE MAP
400297445	LEGAL/LEASE DESCRIPTION
400297451	SURFACE AGRMT/SURETY
400297453	WASTE MANAGEMENT PLAN
400299734	DIRECTIONAL DATA
400299735	DEVIATED DRILLING PLAN
400299736	30 DAY NOTICE LETTER

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)