

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:

400324784

Date Received:

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

20090127

3. Name of Operator: ENTEK GRB LLC

4. COGCC Operator Number: 10323

5. Address: 535 16TH STREET #620

City: DENVER State: CO Zip: 80202

6. Contact Name: Kimberly Rodell Phone: (303)820-4480 Fax: (303)820-4124

Email: kim@banko1.com

7. Well Name: FRU Federal Well Number: 1-1

8. Unit Name (if appl): Focus Ranch Unit Number: COC63212X

9. Proposed Total Measured Depth: 8200

WELL LOCATION INFORMATION

10. QtrQtr: NENE Sec: 1 Twp: 11N Rng: 88W Meridian: 6

Latitude: 40.948197 Longitude: -107.203917

Footage at Surface: 653 feet FNL FNL/FSL 659 feet FEL FEL/FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 7583 13. County: ROUTT

14. GPS Data:

Date of Measurement: 09/09/2011 PDOP Reading: 2.6 Instrument Operator's Name: Dave Fehringer

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

Footage at Top of Prod Zone:

Sec: Twp: Rng: Sec: Twp: Rng:

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: 5280 ft

18. Distance to nearest property line: 653 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 9392 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.)
Deep Creek	DPCK			
Frontier	FRTR			
Morapos	MRPS			
Niobrara	NBRR			

21. Mineral Ownership: Fee State Federal Indian Lease #: COC59201

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: 20090128

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):
T11N R88W Sec. 1: S2N2, S2, Lots: 5-8; Sec. 2: S2N2, N2S2, SESW, S2SE, Lots: 5-8.

25. Distance to Nearest Mineral Lease Line: 653 ft 26. Total Acres in Lease: 1243

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	20	16		0	60		60	0
SURF	12+1/4	9+5/8	36#	0	2,000	387	2,000	0
S.C. 1.1	8+3/4	7	23#	0	8,200	470	6,600	1,800
S.C. 1.2	8+3/4	7	23#	0	8,200	252	8,200	6,600

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

33. Comments A closed loop system will be utilized. A DV tool will be run at approximately 6,600'.

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: Kimberly Rodell

Title: Permit Agent Date: _____ Email: kim@banko1.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
400334667	PLAT
400334668	DRILLING PLAN
400334671	ACCESS ROAD MAP

Total Attach: 3 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)