

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:

400330603

Date Received:

09/25/2012

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

3. Name of Operator: FEES JR AND SON OIL & GAS* WALTER S

4. COGCC Operator Number: 29470

5. Address: 2516 FORESIGHT CIRCLE RM #10

City: GRAND JUNCTION State: CO Zip: 81501

6. Contact Name: Walter S. Fees, III Phone: (970)242-2044 Fax: (970)242-2095

Email: fwalter8@bresnan.net

7. Well Name: Federal Well Number: 1-23-8-101MV

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

9. Proposed Total Measured Depth: 1855

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 23 Twp: 8S Rng: 101W Meridian: 6

Latitude: 39.344544 Longitude: -108.628177

Footage at Surface: 1809 feet FNL/FSL FSL 1660 feet FEL/FWL FEL

11. Field Name: Wildcat Field Number:

12. Ground Elevation: 6232.6 13. County: MESA

14. GPS Data:

Date of Measurement: 04/12/2012 PDOP Reading: 0.7 Instrument Operator's Name: Scott Bonner

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

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: 5 mi

18. Distance to nearest property line: 1 mi 19. Distance to nearest well permitted/completed in the same formation(BHL): 1 mi

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.)
Mesaverde	MVRD	none	40	

21. Mineral Ownership: Fee State Federal Indian Lease #: COC-065959

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):

T8S R101W Sec 22: NW, S2 Sec 23, W2NE, W2, NWSE, S2SE Sec 26 All Sec 27; Lots 1-6, E2, S2SW

25. Distance to Nearest Mineral Lease Line: 341 ft 26. Total Acres in Lease: 2193

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: air drilled well

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	17	13	40.00	0	20	30	20	
SURF	12	9	32.30	0	200	52	200	
2ND	8	7	23	0	1,855	220	1,855	

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

33. Comments _____

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: Walter S. Fees, III

Title: Manager Date: 9/25/2012 Email: fwalte8@bresnan.net

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
400330636	WELL LOCATION PLAT
400330637	MINERAL LEASE MAP
400330638	DRILLING PLAN
400330656	TOPO MAP
400330657	FORM 2 SUBMITTED

Total Attach: 5 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>
Drilling/Completion Operations	See Form 2A BMP
Construction	See Form 2A BMP
Drilling/Completion Operations	See Form 2A BMP
Material Handling and Spill Prevention	See Form 2A BMP
Drilling/Completion Operations	See Form 2A BMP

Total: 5 comment(s)