

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:

400378103

Date Received:

03/25/2013

APPLICATION FOR PERMIT TO:

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

2. TYPE OF WELL

OIL GAS COALBED OTHER INJECTION
SINGLE ZONE MULTIPLE COMMINGLE

Refiling
Sidetrack

PluggingBond SuretyID

20130006

3. Name of Operator: TRITON ENERGY SERVICES LLC

4. COGCC Operator Number: 10449

5. Address: 1205 WEST ELIZABETH STREET - PMB 134

City: FORT COLLINS State: CO Zip: 80521

6. Contact Name: TAYLOR HENRICKS Phone: (970)980-5951 Fax: ()

Email: taylor@tritonenergyservices.com

7. Well Name: TRITON Well Number: 2

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

9. Proposed Total Measured Depth: 10500

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 35 Twp: 6N Rng: 65W Meridian: 6

Latitude: 40.438300 Longitude: -104.628000

Footage at Surface: 1164 feet FNL/FSL FSL 2044 feet FEL/FWL FEL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4654 13. County: WELD

14. GPS Data:

Date of Measurement: 01/05/2013 PDOP Reading: 2.5 Instrument Operator's Name: GARY HAMMER

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: 1185 ft

18. Distance to nearest property line: 160 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 2593 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.)
ADMIRE	ADMI			
AMAZON	AMZN			
COUNCIL GROVE	COUGR			
FOUNTAIN	FNTN			
L. SATANKA	LSTKA			
LYONS	LYNS			
MISSOURI	MSSR			
VIRGIL	VRGL			
WOLFCAMP	WFCMP			

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):
 The Triton #2 is a commerical disposal well. There is no mineral lease because there are no minerals associated with this well.

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

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+1/4	9+5/8	36	0	700	210	700	0
1ST	8+3/4	7+0/0	23/26	0	8,670	270	8,670	6,900
1ST LINER	6+1/8	4+1/2	11.6	8600	10,500			
	8+3/4	7+0/0	Stage Tool	0	6,900	1,055	6,900	0

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

33. Comments No conductor casing will be run. The Triton #2 is a commerical disposal well. There is no mineral lease because there are no minerals associated with this well. Form 31 and 33 will be submitted to Denise Onyskiw via mail. Please find the FAA approval letter attached.

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: TAYLOR HENRICKS

Title: PROJECT MANAGER Date: 3/25/2013 Email: taylor@tritonenergyservices.

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.

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Data retrieval failed for the subreport 'rptPolicy_MTO' located at: W:\ncatpub\Net\Reports\policy_mto.rdl. Please check th

Attachment Check List

Att Doc Num	Name
400378103	FORM 2 SUBMITTED
400378139	WELL LOCATION PLAT
400395726	SURFACE AGRMT/SURETY
400395907	OTHER

Total Attach: 4 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)