

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:

400378529

Date Received:

03/18/2013

PluggingBond SuretyID

20130005

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 ☐

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: (719)331-3941 Fax: ()

Email: taylor@tritonenergyservices.com

7. Well Name: TRITON Well Number: 1

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

9. Proposed Total Measured Depth: 10500

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 23 Twp: 4N Rng: 66W Meridian: 6

Latitude: 40.297927 Longitude: -104.753053

Footage at Surface: 2441 feet FNL 249 feet FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4761 13. County: WELD

14. GPS Data:

Date of Measurement: 01/03/2013 PDOP Reading: 3.0 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: 220 ft

18. Distance to nearest property line: 249 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 3 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.)
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 #1 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: _____ 0

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	650	210	650	0
1ST	8+3/4	7+0/0	23/26	0	8,960	265	8,960	7,200
1ST LINER	6+1/8	4+1/2	11.6	8890	10,500			
	8+3/4	7+0/0	Stage Tool	0	7,200	1,100	7,200	0

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

33. Comments No conductor casing will be run. The Triton #1 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 directly to Denise Onyskiw via mail. Please see the attached WBD.

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: 3/18/2013 Email: taylor@tritonenergyservices.co

Operator must have a valid water right or permit allowing for industrial use or purchased water from a seller that has a valid water right or permit allowing for industrial use, otherwise an application for a change in type of use is required under Colorado law. Operator must also use the water in the location set forth in the water right decree or well permit, otherwise an application for a change in place of use is required under Colorado law. Section 37-92-103(5), C.R.S. (2011).

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: Matthew Lee Director of COGCC Date: 4/12/2013

API NUMBER

05 123 37120 00

Permit Number: _____ Expiration Date: 4/11/2015

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.

- 1) Provide notice of MIRU via an electronic Form 42.
- 2) Comply with Rule 317.i and provide cement coverage to a minimum of 200' above the Niobrara and from 200' below Sussex to 200' above Sussex. Verify cement coverage with a cement bond log per 317.o.
- 3) Injection is not authorized until approval of forms 31 and 33.
- 4) Prior approval of form 4 is required for step rate and injectivity tests.
- 5) Retrieve water sample before stimulating formation.

Applicable Policies and Notices to Operators

Notice Concerning Operating Requirements for Wildlife Protection.

Attachment Check List

Att Doc Num	Name
400378529	FORM 2 SUBMITTED
400378542	WELL LOCATION PLAT
400389766	SURFACE AGRMT/SURETY
400389800	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date
Permit	Ready to pass pending public comment.	4/3/2013 9:04:45 AM
Permit	Passed completeness.	3/19/2013 7:24:03 AM

Total: 2 comment(s)

BMP

Type	Comment

Total: 0 comment(s)