

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:

400337206

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

20120011

3. Name of Operator: NIGHTHAWK PRODUCTION LLC

4. COGCC Operator Number: 10399

5. Address: 1805 SHEA CENTER DR #290

City: HIGHLANDS State: CO Zip: 80129
RANCH

6. Contact Name: KYLA VAUGHAN Phone: (505)326-2107 Fax: ()

Email: KVAUGHAN@LTENV.COM

7. Well Name: JOLLY RANCH Well Number: 16-19

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

9. Proposed Total Measured Depth: 8400

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 19 Twp: 12S Rng: 55W Meridian: 6

Latitude: 38.984100 Longitude: -103.594060

Footage at Surface: 910 feet FNL/FSL 1078 feet FEL/FWL FEL

11. Field Name: JOLLY RANCH Field Number: 42640

12. Ground Elevation: 5259 13. County: LINCOLN

14. GPS Data:

Date of Measurement: 09/25/2012 PDOP Reading: 2.9 Instrument Operator's Name: KEITH WESTFALL

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: 4391 ft

18. Distance to nearest property line: 910 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 8962 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.)
ATOKA	ATOK			
CHEROKEE	CHRK			
KEYES	KEYES			
LANSING	LNSNG			
MARMATON	MRTN			
MORROW	MRRW			
SPERGEN	SPGN			
WARSAW	WRSW			

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):
 Section 19: Lot 1 (39.01), Lot 2 (39.24), Lot 3 (39.47), Lot 4 (39.70), E2W2, E2 (ALL) Section 18: Lot 3 (38.79), Lot 4 (38.86), E2SW, SE (S2)

25. Distance to Nearest Mineral Lease Line: 910 ft 26. Total Acres in Lease: 955

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
 Method: ☐ Land Farming ☐ Land Spreading ☐ Disposal Facility Other: BACKFILL WHEN DRY

If 28, 29, or 30 are "Yes" a pit permit may be required.

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	8+5/8	24	0	300	197	300	0
1ST	7+7/8	5+1/2	17	0	8,400	574	8,400	3,649

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

33. Comments NO SURFACE CASING WILL BE USED.

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: KYLA VAUGHAN

Title: AGENT FOR NIGHTHAWK PROD Date: _____ Email: KVAUGHAN@LTENV.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.

Data retrieval failed for the subreport 'IntPolicy_NTO' located at: W:\nstrpub\Net\Reports\policy_nto.rdl. Please check th

Attachment Check List

Att Doc Num	Name
400342347	WELL LOCATION PLAT
400342348	TOPO MAP
400342350	PROPOSED BMPs
400429963	SURFACE AGRMT/SURETY

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>
Construction	SEE ATTACHED

Total: 1 comment(s)