

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:

400431292

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

20090040

3. Name of Operator: FRAM OPERATING LLC

4. COGCC Operator Number: 10310

5. Address: 30 E PIKES PEAK AVE STE 283

City: COLORADO State: CO Zip: 80903
SPRINGS

6. Contact Name: Dave Cook Phone: (719)355-1320 Fax: (719)314-1362

Email: dave@framamericas.com

7. Well Name: Mansur Well Number: 33-1-J

8. Unit Name (if appl): BLM Whitewater Unit Number: 73038X

9. Proposed Total Measured Depth: 4601

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 33 Twp: 12S Rng: 97W Meridian: 6

Latitude: 38.964630 Longitude: -108.242340

Footage at Surface: 2165 feet FNL/FSL FNL 2107 feet FEL/FWL FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 6083 13. County: MESA

14. GPS Data:

Date of Measurement: 05/11/2005 PDOP Reading: 6.0 Instrument Operator's Name: Jeff Fletchet

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

Footage at Top of Prod Zone: FNL/FSL 2747 FSL 1888 FWL 1693 FSL 648 FWL 1693
Bottom Hole: FNL/FSL 1693 FSL 648 FWL 1693
Sec: 33 Twp: 12S Rng: 97W Sec: 33 Twp: 12S Rng: 97W

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: 350 ft

18. Distance to nearest property line: 425 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 25 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.)
BURRO CANYON-DAKOTA	BRCDK	376-1	320	W2

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):

Lot 6, 7 & 8 & N 350' of lots 11 & 12 & that part of Tr. 48 lying N of Kannah Creek + 1 ac of Sec. 33 & Lot 2 of Sec. 34, T12S, 97W, 6th

25. Distance to Nearest Mineral Lease Line: 524 ft 26. Total Acres in Lease: 154

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	16	14	24#	0	60	100	60	0
SURF	11	9+5/8	24#	0	470	300	470	0
1ST	8+3/4	7	20	0	4,171	480	4,171	0
1ST LINER	6+1/4	4+1/2	10.5	4070	5,136			

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

33. Comments _____

34. Location ID: 334480

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: David Cook

Title: Manager Date: _____ Email: dave@framamericas.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

05 077 09472 00

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

Total Attach: 0 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	Drilling of High-Angle / horizontal well

Total: 1 comment(s)