

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:

400453302

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

20110198

3. Name of Operator: CONDOR ENERGY TECHNOLOGY LLC

4. COGCC Operator Number: 10394

5. Address: 3315 HIGHWAY 50

City: SILVER SPRINGS State: NV Zip: 89429

6. Contact Name: Angie Galvan Phone: (281)7165730 Fax: ()

Email: Angie.Galvan@stxra.com

7. Well Name: Wickstrom 17 Well Number: 4H

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

9. Proposed Total Measured Depth: 10509

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 17 Twp: 6N Rng: 60W Meridian: 6

Latitude: 40.481840 Longitude: -104.121550

Footage at Surface: 250 feet FNL/FSL FSL 1739 feet FEL/FWL FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 4670 13. County: MORGAN

14. GPS Data:

Date of Measurement: 01/23/2013 PDOP Reading: 2.2 Instrument Operator's Name: Marc Woodard

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

Footage at Top of Prod Zone: FNL/FSL 660 FNL 737 FWL 660 FSL 672 FWL 660 FSL 672 FWL
Sec: 20 Twp: 6N Rng: 60W Sec: 20 Twp: 6N Rng: 60W

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: 287 ft

18. Distance to nearest property line: 310 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1320 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.)
NIOBRARA	NBRR	535-323	640	Section 20

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):

Township 6 North Range 60 West, 6th PM Section 20 N/2

25. Distance to Nearest Mineral Lease Line: 0 ft 26. Total Acres in Lease: 320

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	24	16	75	0	40	20	40	0
SURF	12+1/4	9+5/8	36	0	1,500	750	1,500	0
1ST	8+3/4	7	23	0	6,570	570	6,570	
1ST LINER	6+1/8	4+1/2	11.6	6300	10,509			

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

33. Comments This Form 2 is submitted in conjunction with Form 2A (Document No. 400452873)

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: Angie.Galvan@stxra.com

Title: Regulatory Analyst Date: _____ Email: Angie.Galvan@stxra.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_NTC' located at: \\Inetpub\NetReports\policy_ntc.rdl. Please check th

Attachment Check List

Att Doc Num	Name
400453345	WELL LOCATION PLAT
400454553	DEVIATED DRILLING PLAN
400454554	30 DAY NOTICE LETTER
400454556	DIRECTIONAL DATA
400454595	SURFACE AGRMT/SURETY

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>
Construction	<p>Operator has designed the well pad with insloping and a storm water control ditch to prevent storm water run-off/run-on and the release of fluids for the location. See Construction Layout attached to Form 2A.</p> <p>The location will be fenced and the fenced area will include the above ground Fresh Water Storage containment.</p>
Drilling/Completion Operations	<p>Operator will ensure 110 percent secondary containment for any volume of fluids contained at the well site during drilling and completion. Operator will implement best management practices to contain any unintentional release of fluids.</p> <p>Fresh water for the above ground Fresh Water Storage containment comes from a water provider, water sources permitted for consumable industrial use.</p>

Total: 2 comment(s)