

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:

400371910

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)635-5669 Fax: ()  
Email: KVAUGHAN@LTENV.COM

7. Well Name: JOHN CRAIG Well Number: 1-2

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

9. Proposed Total Measured Depth: 8800

WELL LOCATION INFORMATION

10. QtrQtr: NENE Sec: 2 Twp: 10S Rng: 56W Meridian: 6  
Latitude: 39.211790 Longitude: -103.623950

Footage at Surface: 1222 feet FNL/FSL FNL 665 feet FEL/FWL FEL

11. Field Name: OLD HOMESTEAD Field Number: 60634

12. Ground Elevation: 5267 13. County: LINCOLN

14. GPS Data:

Date of Measurement: 12/04/2012 PDOP Reading: 3.7 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: 6468 ft

18. Distance to nearest property line: 665 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1533 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.)
ARBUCKLE	ABCK			
ATOKA	ATOK			
CHEROKEE	CHRK			
LANSING-KANSAS CITY	LGKC			
MARMATON	MRTN			
MORROW	MRRW			
SPERGEN	SPGN			
WARSAW	WRSW			
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):  
 SEC 2, T10S, R56W: LOTS 1,2,3,4, S1/2N1/2, S1/2 (ALL) ; PLUS ADDITIONAL, SEE ATTACHED EXHIBIT A

25. Distance to Nearest Mineral Lease Line: 665 ft 26. Total Acres in Lease: 5157

### 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: BACKFILL WHEN DRY

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	8,800	599	8,800	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 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.

\_\_\_\_\_

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**Attachment Check List**

Att Doc Num	Name
400371945	PROPOSED BMPs
400378693	WELL LOCATION PLAT
400378694	TOPO MAP

Total Attach: 3 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)