

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:

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Date Received:

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER Horizontal
SINGLE ZONE MULTIPLE COMMINGLE

Refiling
Sidetrack

PluggingBond SuretyID

20100083

3. Name of Operator: AXIA ENERGY LLC

4. COGCC Operator Number: 10335

5. Address: 1430 LARIMER STREET #400

City: DENVER State: CO Zip: 80202

6. Contact Name: Lisa Smith Phone: (303)857-9999 Fax: (303)450-9200

Email: Lisa@permitco-usa.com

7. Well Name: Bulldog Well Number: 27-41H-891

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

9. Proposed Total Measured Depth: 21740

WELL LOCATION INFORMATION

10. QtrQtr: NE NE Sec: 27 Twp: 8N Rng: 91W Meridian: 6

Latitude: 40.629153 Longitude: -107.586383

Footage at Surface: 300 feet FNL/FSL FNL 1319 feet FEL/FWL FEL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 7070 13. County: MOFFAT

14. GPS Data:

Date of Measurement: 01/11/2013 PDOP Reading: 1.2 Instrument Operator's Name: Glen McElroy

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

Footage at Top of Prod Zone: FNL/FSL 680 FNL 680 FEL 625 FSL 660 FEL 625 FSL 660 FEL
Sec: 27 Twp: 8N Rng: 91W Sec: 34 Twp: 8N Rng: 91W

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: 2086 ft

18. Distance to nearest property line: 300 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 9053 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	540-13	2280	Sec 27,28,33,24

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):
 Surface Lease (Butler): Sec. 21: That portion of the SE SE lying south of the centerline of Moffat County Road 22; Sec. 27: N2/3 N/2 N/2; Sec. 28: N2/3 NE/4 NE/4, containing 138.34 acres. There are 2280 acres included in the spacing unit. See unit map attached. This well will cross multiple lease lines.
 25. Distance to Nearest Mineral Lease Line: 0 ft 26. Total Acres in Lease: 138

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	13+1/2	10+3/4	40.5#	0	150	410	1,500	0
2ND	6+3/4	5+1/2	20#	0	11,557	85	11,557	9,557
3RD	6+3/4	4+1/2	13.5#	11557	21,739	710	21,739	11,557

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None
 33. Comments Liner is tapered 4-1/2" casing to 5-1/2" casing.

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: Lisa Smith - PermitCo Inc
 Title: Agent for Axia Energy LLC Date: _____ Email: Lisa@permitco-usa.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 Permit Number: _____ Expiration Date: _____
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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
400450918	DIRECTIONAL DATA
400450919	DEVIATED DRILLING PLAN
400450920	30 DAY NOTICE LETTER
400450921	SURFACE AGRMT/SURETY
400461268	PLAT

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>

Total: 0 comment(s)