

State of Colorado
Oil and Gas Conservation Commission

DEPARTMENT OF NATURAL RESOURCES

APPLICATION FOR PERMIT



00366994

1 a. TYPE OF WORK

☒ Drill, ☐ Deepen, ☐ Re-enter, ☐ Recomplete and Operate

1 b. TYPE OF WELL

OIL ☒ GAS ☐ COAL BED ☐ OTHER: _____
SINGLE ZONE ☐ MULTIPLE ZONE ☐ COMMINGLE ZONES ☐Refilling ☐
SideTrack ☐

FOR OGCC USE ONLY

RECEIVED

APR 14 1999

COLO. OIL & GAS CON. COMM.

ET ☒ OE ☐ PR ☐ ES ☐

2. OGCC Operator Number: 27580	5. Contact Name & Phone
3. Name of Operator: Energy Operating Co., Inc.	Dan Hall
4. Address: 3333 S. Wadsworth Blvd., #218	No: 303-969-9610
City: Lakewood State: CO Zip: 80227	Fax: 303-969-9644
6. Well Name: Williamson	Well Number: 1
7. Unit Name (If Appl.): N/A	Unit No:
8. Objective Formation(s): Dakota	Formation Code: DKTA
9. Proposed Total Depth: 7500'	

Complete the
Attachment Checklist

	Op	OGCC
APD Original & 2 Copies		<input checked="" type="checkbox"/>
Form 2A (Reclamation) & 1 Copy		<input checked="" type="checkbox"/>
Permit Fee (\$200)		<input checked="" type="checkbox"/>
Well Location Plat		<input checked="" type="checkbox"/>
Copy of Topo Map		<input checked="" type="checkbox"/>
Plugging Surety		<input checked="" type="checkbox"/>
Mineral Lease Map		<input checked="" type="checkbox"/>
Surface Agreement/Surety		<input checked="" type="checkbox"/>
Pit Permit (Form 15)		
Deviated Drilling Plan		
Request for Exception Location		
Exception Location Waivers		
H2S Contingency Plan		
Federal Drilling Permit (1 Set)		
Notices of Allocation		
Sent Complete Permit Package to County		

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 23 Twp: 1N Rng: 72W Meridian: 6th P.M.	
11. Footage From Exterior Section Lines (if directional, submit drilling plan): At Surface: 664' FSL and 2346' FWL (SESW) If directional, at Top Proposed Prod. Zone: same If directional, at Bottom Hole: same	
12. Ground Elevation: 8356'	13. County: Costilla
14. Field Name: Wildcat	Field Number: N/A 99999

LEASE, SPACING, AND POOLING INFORMATION

15. Spacing Order #(s):	16. # Acres in Unit:	17. Unit Description:
18. Mineral Ownership: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian	Lease #:	
19. Surface Ownership: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian		
Is the Surface Owner also the Mineral Owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If No: <input type="checkbox"/> Surface Owners Agreement Attached or <input type="checkbox"/> \$25,000 Blanket Bond <input type="checkbox"/> \$2,000 Bond <input type="checkbox"/> \$5,000 Bond		
20. Total Acres in Lease: 11,800	21. Describe Entire Lease by QtrQtr, Sec, Twp, Rng (attach separate sheet/map if required): See attached map. - Exhibit A	
22. Is location in a high density area (Rule 603b)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
23. Distance to nearest Lease Line: 3067'	24. Distance to nearest Property Line: 3067'	
25. Distance to nearest well completed in the same Formation: N/A		
26. Distance to nearest building, public road, major above ground utility or railroad: 1.25 mile east to county road		
** The use of an earthen pit for recompletion fluids requires a pit permit (Rule 905b).		

DRILLING PLANS AND PROCEDURES

27. Approx. Spud Date: May 1, 1999	* If Air/Gas Drilling, Notify Local Fire Officials
28. Drilling Contractor Number: _____ Name: To be determined	Phone #: _____
29. Is H2S Anticipated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, attach contingency plan.
30. Will salt (>15,000 ppm TDS Cl) or oil based muds be used during drilling? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
31. Will salt sections be encountered during drilling? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
32. If questions 30 or 31 are yes, is this location in a sensitive area (Rule 903)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
33. Mud disposal: <input type="checkbox"/> Offsite <input checked="" type="checkbox"/> Onsite	
Method: <input type="checkbox"/> Land Farming <input type="checkbox"/> Land Spreading <input type="checkbox"/> Disposal Facility <input checked="" type="checkbox"/> Other: Evaporation	

CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Sks Cement	Cement Bottom	Cement Top
20"	16"	Conductor	30'	3 yds Redi-Mix	30'	Surface
12-1/4"	9-5/8"	36#	1,000'	±450	1,000'	Surface
8-3/4"	5-1/2"	17#	7,500'	±250	7,500'	±6,250'
		Stage Tool				

35. BOP Equipment: ☒ Annular Preventor ☒ Double Ram ☐ Rotating Head ☐ None

36. Comments, if any:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: David Braden

Signed: David Braden Title: Operations Manager Date: 4-14-99OGCC Approved: B.T. Brubaker

Director of COGCC

Date: APR 22 1999

API NUMBER

05- 023 05004 00

Permit Number: 990226Expiration Date: APR 22 2000

CONDITIONS OF APPROVAL, IF ANY:

SAN Luis

Provide 72 hour notice prior to MIRU to David Dillon at 303-894-2100 x 104. Provide adequate notice to COGCC to allow a COGCC representative to be on site prior to cementing surface casing and prior to cementing production casing if production casing is run. Obtain approval from COGCC prior to plugging well if well is plugged.