

FORM

2

Rev
12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2063100

Plugging Bond Surety

20090067

APPLICATION FOR PERMIT TO:

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

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling

Sidetrack

3. Name of Operator: WIEPKING-FULLERTON ENERGY LLC 4. COGCC Operator Number: 96340

5. Address: 4600 S DOWNING ST
City: ENGLEWOOD State: CO Zip: 80110

6. Contact Name: JACKFINCHAM Phone: (303)906-3335 Fax: (303)761-9067
Email: FINCHAM4@MSN.COM

7. Well Name: ALOHA MULA Well Number: 2

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

9. Proposed Total Measured Depth: 8400

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 19 Twp: 10S Rng: 55W Meridian: 6

Latitude: 39.159800 Longitude: -103.591590

Footage at Surface: 1060 FNL/FSL FSL 1959 FEL/FWL FEL

11. Field Name: GREAT PLAINS Field Number: 32756

12. Ground Elevation: 5238 13. County: LINCOLN

14. GPS Data:

Date of Measurement: 06/05/2009 PDOP Reading: 2.0 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: 1959

18. Distance to nearest property line: 1060 19. Distance to nearest well permitted/completed in the same formation: 1400

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			
CHEROKEE	CHRK			
LANSING	LNSNG			
MARMATON	MRTN			
MORROW	mrrw			

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 Bon \$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 19: ALL, T10S, R55W

25. Distance to Nearest Mineral Lease Line: 1060 26. Total Acres in Lease: 640

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 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

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	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24	300	240	300	0
1ST	7+7/8	5+1/2	17	8,400	325	8,400	5,000

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

33. Comments NO CONDUCTOR CASING TO 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: JACK FINCHAM

Title: AGENT Date: 6/26/2009 Email: FINCHAM4@MSN.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: David S. Neslin Director of COGCC Date: 8/16/2009

Permit Number: _____ Expiration Date: 8/15/2010

API NUMBER
05 073 06384 00

CONDITIONS OF APPROVAL, IF ANY: _____

Condition of Approval

Comment	User Name	Comment Date
Agency		
1) Provide 24 hour notice of MIRU to Mike Leonard at 719-767-2805 or e-mail at mike.leonard@ state.co.us. 2) If production casing is set provide cement coverage to at least 200' above top potentially productive zone, and stage cement from 100' below Cheyenne to 50' above Dakota (est. 4700'-4100'). Run CBL to verify primary and stage cement jobs. 3) If well is a dry hole set the following plugs: 40 sks cement +/- 50' above the Lansing, 40 sks cement above any DST zone, 40 sks cement 100' below base of Cheyenne (est. 4700' up), 40 sks cement at top of Cheyenne (est. 4400' up), 40 sks cement 50' above top of Dakota (est. 4100' up), 50 sks cement from 50' below surface casing shoe up into surface casing, 10 sks cement in top of surface csg, cut 4 ft below GL, weld on plate, 5 sks cement in rat hole and mouse hole.	Dirk Sutphin	07/07/2009

Attachment Check List

Att Doc Num	Name	Doc Description	Op. Check	File Size
1783593	WELL LOCATION PLAT		Y	
1783594	TOPO MAP	LF@2090573 1783594	Y	
1783595	SURFACE AGRMT/SURETY	LF@2090577 1783595	Y	
1783596	30 DAY NOTICE LETTER	LF@2090575 1783596	Y	
2063100	APD ORIG & 1 COPY	LF@2090569 2063100	Y	

Total Attach: 5 Files