

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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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

Document Number:
1783992
Plugging Bond Surety
20000063

3. Name of Operator: MULL DRILLING COMPANY INC 4. COGCC Operator Number: 61250

5. Address: P O BOX 2758
City: WICHITA State: KS Zip: 67201-2758

6. Contact Name: MARKSHREVE Phone: (316)264-6366 Fax: (316)264-6440
Email: MSHREVE@MULLDRILLING.COM

7. Well Name: TT&G Well Number: 1-14

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

9. Proposed Total Measured Depth: 5000

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 14 Twp: 18S Rng: 45W Meridian: 6

Latitude: 38.495920 Longitude: -102.433640

Footage at Surface: 951 FNL/FSL FNL 1055 FEL/FWL FWL

11. Field Name: TROOPER Field Number: 83975

12. Ground Elevation: 3950.5 13. County: KIOWA

14. GPS Data:

Date of Measurement: 05/08/2009 PDOP Reading: 2.0 Instrument Operator's Name: KEITH WESTFALL, HIGH PLAINS SURVEY

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: 1055

18. Distance to nearest property line: 951 19. Distance to nearest well permitted/completed in the same formation: 3070

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.)
MISSISSIPPIAN	MSSP			

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):
 NW/4 SECTION 14-8S-45W, 6TH P.M., KIOWA COUNTY, COLORADO

25. Distance to Nearest Mineral Lease Line: 951 26. Total Acres in Lease: 160

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: DRY/BURYING

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	200	300	0
1ST	7+7/8	5+1/2	15.5	5,000	250	5,000	3,500
			Stage Tool	2,300	300	2,300	0

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

33. Comments NO CONDUCTOR PIPE PER C.S. PHONE 07/20/09.

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: MARK SHREVE

Title: PRESIDENT/COO Date: 7/21/2009 Email: MSHREVE@MULLDRILLING.

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: 9/9/2009

API NUMBER
 05 061 06837 00

Permit Number: _____ Expiration Date: 9/8/2010

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 Cheyenne Dakota zones (50' below to 50' above, appx. 1380' - 820'). 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 Morrow, 40 sks cement 50' above the Lansing, 40 sks cement above any DST zone, 40 sks cement below base of Cheyenne (1380' up), 40 sks cement at top of Cheyenne (1180' up), 40 sks cement above top of Dakota (870' 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.		08/26/2009
Submit analytical data generated per Rule 1003.d.(1) to COGCC environmental department within 2 months of pit closure.		08/28/2009

Attachment Check List

Att Doc Num	Name	Doc Description	Op. Check	File Size
1783992	APD ORIG & 1 COPY	LF@2106464 1783992	Y	
1784001	WELL LOCATION PLAT	LF@2106467 1784001	Y	
1784002	TOPO MAP	LF@2106468 1784002	Y	
1784003	SURFACE AGRMT/SURETY	LF@2106469 1784003	Y	
1784004	LOCATION PICTURES	LF@2106487 1784004	Y	
1784073	30 DAY NOTICE LETTER	LF@2109996 1784073	Y	
1940486	SURFACE CASING CHECK	LF@2138450 1940486	Y	
2097021	OTHER	LF@2106465 2097021	Y	

Total Attach: 8 Files