

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:  
1758558  
Plugging Bond Surety  
20070003

3. Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY LLC 4. COGCC Operator Number: 8960

5. Address: 410 17TH ST STE 1380  
City: DENVER State: CO Zip: 80202

6. Contact Name: KERRY MCCOWEN Phone: (720)279-2330 Fax: (720)279-2331  
Email: KAM@BONANZACRK.COM

7. Well Name: GUTTERSEN RANCH Well Number: 21-9

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

9. Proposed Total Measured Depth: 7220

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 9 Twp: 4N Rng: 63W Meridian: 6  
Latitude: 40.332080 Longitude: -104.444910

Footage at Surface: 628 FNL/FSL FNL 2138 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4656 13. County: WELD

14. GPS Data:

Date of Measurement: 07/30/2008 PDOP Reading: 2.4 Instrument Operator's Name: R.A. CHICHESTER

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: 1166

18. Distance to nearest property line: 628 19. Distance to nearest well permitted/completed in the same formation: 1108

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.)
J SAND	JSND	232-235	160	NW4
NIOBRARA-CODELL	NB-CD	407-87	80	E2 NW4

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 & SE/4 SEC. 9 T4N R63W

25. Distance to Nearest Mineral Lease Line: 461 26. Total Acres in Lease: 320

**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	816	580	816	0
1ST	7+7/8	4+1/2	11.6	7,222	308	7,222	3,298

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

33. Comments SET FTFP @ 7000' TO ISOLATE JSND PERFS, 7048-56'. PEFRF CODELL 6588-660', FRAC, SET FTFP OVER CODELL, PERF NIO 6338-6476, FRAC, FLOWBACK AND COMMINGLE J SAND, CODELL AND NIOBRARA.

34. Location ID: 309969

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: KERRY A. MCCOWEN

Title: V PRESIDENT Date: 8/20/2009 Email: KAM@BONANZACRK.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: 9/23/2009

<b>API NUMBER</b>
05 123 25661 00

Permit Number: \_\_\_\_\_ Expiration Date: 9/22/2010

**CONDITIONS OF APPROVAL, IF ANY:** \_\_\_\_\_

**Condition of Approval**

Comment

Agency

Prior to recompletion, operator must: 1) Provide 24 hour notice of MIRU to Ed Binkley at 970-506-9834 or e-mail at ed.binkley@state.co.us. 2) Upon well recompletion operator shall file a COGCC Form 5, Completion Report reflecting the actual casing and cement configuration.

**Attachment Check List**

Att Doc Num	Name	Doc Description
1758558	APD ORIG & 1 COPY	LF@2128975 1758558
1758559	30 DAY NOTICE LETTER	LF@2128976 1758559
1940512	SURFACE CASING CHECK	LF@2139365 1940512

Total Attach: 3 Files