

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:

1808552

Plugging Bond Surety

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: RUNNING FOXES PETROLEUM INC 4. COGCC Operator Number: 10221

5. Address: 7060 SOUTH TUCSON WAY - STE B
City: CENTENNIAL State: CO Zip: 80112

6. Contact Name: KENT KEPPEL Phone: (720)889-0510 Fax: (303)617-7442
Email: KKEPPEL@ATOKA.COM

7. Well Name: JOLLY RANCH Well Number: 10-26

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

9. Proposed Total Measured Depth: 8000

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 26 Twp: 12s Rng: 56w Meridian: 6

Latitude: 38.972890 Longitude: -103.634240

Footage at Surface: 1980 FNL/FSL FSL 1980 FEL/FWL FEL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 5283 13. County: LINCOLN

14. GPS Data:

Date of Measurement: 01/30/2008 PDOP Reading: 2.1 Instrument Operator's Name: ROBERT J. RUBINO

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: 320

18. Distance to nearest property line: 1980 19. Distance to nearest well permitted/completed in the same formation: 3750

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.)
CHEROKEE	CHRK			
MARMATON	MRTN			
MORROW	MRRW			
SPERGEN	SPGN			

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):
 ALL OF SECTION 26 (PLUS ADDITIONAL)

25. Distance to Nearest Mineral Lease Line: _____ 1980 _____ 26. Total Acres in Lease: _____ 18 _____

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: PIT DRY

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	17+1/2	13+3/8	48	400	253	400	0
1ST	7+7/8	6+1/2	17	8,000	497	8,000	2,500

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

33. Comments ALL CONDITIONS SAME AS ORIGINAL. NO CONDUCTOR CASING WILL BE USED. FROM #19 ABOVE: 3750' SE OF JOLLY RANCH 4-26 IN SEC. 26 ALSO.

34. Location ID: 309622

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: STEVEN A. TEDESCO

Title: PRESIDENT Date: _____ Email: STEDESCO@RUNNINGFOX

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 05 073 06323 00	Permit Number: _____ Expiration Date: _____
CONDITIONS OF APPROVAL, IF ANY: _____	

Attachment Check List

Att Doc Num	Name	Doc Description
1808552	APD ORIGINAL	LF@2161826 1808552
1808554	WAIVERS	LF@2161827 1808554

Total Attach: 2 Files