

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

Refilling
Sidetrack

Document Number:
1692322
Plugging Bond Surety
19860025

3. Name of Operator: TOP OPERATING COMPANY 4. COGCC Operator Number: 39560

5. Address: 10881 ASBURY AVE STE 230
City: LAKEWOOD State: CO Zip: 80227

6. Contact Name: MURRAY J.HERRING Phone: (303)727-9915 Fax: (303)727-9925
Email: TOPOPRTNG@AOL.COM

7. Well Name: MAY-JON Well Number: 23-5D-3

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

9. Proposed Total Measured Depth: 8293

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 5 Twp: 2N Rng: 68W Meridian: 6
Latitude: 40.162010 Longitude: -105.034440

Footage at Surface: 492 FNL/FSL FSL 619 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4930 13. County: WELD

14. GPS Data:

Date of Measurement: 04/04/2008 PDOP Reading: 6.0 Instrument Operator's Name: BILL ADIST

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 _____
1987 FSL 2047 FWL 2094 FSL 2119 FWL
Sec: 5 Twp: 2N Rng: 68W Sec: 5 Twp: 2N Rng: 68W

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: 418

18. Distance to nearest property line: 42 19. Distance to nearest well permitted/completed in the same formation: 1620

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.)
CODELL	CODL	407-87	80	N/2SW/4
NIORARA	NBRR	407-87	80	N/2SW/4

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):
 SW SEC 5 T2N R68W 6TH PM

25. Distance to Nearest Mineral Lease Line: 492 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: _____

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	1,031	730	1,031	0
1ST	7+7/8	4+1/2	11.6	8,262	525	8,262	2,660

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

33. Comments HOLES DRILLED 06/08

34. Location ID: 336191

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: MURRAY J. HERRING

Title: VICE PRESIDENT Date: 10/16/2009 Email: TOPOPRTNG@AOL.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. Nashin Director of COGCC Date: 10/25/2009

API NUMBER
 05 123 26697 00

Permit Number: _____ Expiration Date: 10/24/2010

CONDITIONS OF APPROVAL, IF ANY: _____

Attachment Check List

Att Doc Num	Name	Doc Description
1692322	APD ORIG & 1 COPY	LF@2160849 1692322
400010231	FORM 2 SUBMITTED	LF@2162069 400010231

Total Attach: 2 Files