

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:
1808675
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: SAMSON RESOURCES COMPANY 4. COGCC Operator Number: 76104

5. Address: TWO WEST SECOND ST
City: TULSA State: OK Zip: 74103

6. Contact Name: JULIE DOSSEY Phone: (970)382-0027 Fax: (970)382-0290
Email: JDOSSEY@TIMBERLINELAND.COM

7. Well Name: S.E. BAYFIELD Well Number: 2U-14

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

9. Proposed Total Measured Depth: 3373

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 14 Twp: 34N Rng: 7W Meridian: N
Latitude: 37.187170 Longitude: -107.572290

Footage at Surface: 1195 FSL 1135 FEL
FNL/FSL FEL/FWL

11. Field Name: IGNACIO BLANCO Field Number: 38300

12. Ground Elevation: 6744 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 06/20/2006 PDOP Reading: 3.0 Instrument Operator's Name: NELSON ROSS

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
 1869 FSL 1815 FEL 2019 FSL 1966 FEL
 Sec: Twp: Rng: Sec: 14 Twp: 34N Rng: TW

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: 1195

18. Distance to nearest property line: 1135 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.)
FRUITLAND COAL	FRLDC	112-181	320	S2

21. Mineral Ownership: Fee State Federal Indian Lease #: 750-00-1094

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):
LEASE IS ATTACHED

25. Distance to Nearest Mineral Lease Line: 660 26. Total Acres in Lease: 960

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: EVAPORATIVE RESERVE

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	350	220	350	0
1ST	7+7/8	5+1/2	17	3,373	540	3,373	0

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

33. Comments THERE HAVE BEEN NO CHANGES SINCE THE ORIGINAL SUBMITTAL. NO CONDUCTOR CASING WILL BE USED FOR THIS WELL.

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: JULIE DOSSEY

Title: PERMITTING AGENT Date: _____ Email: JDOSSEY@TIMBERLINELAN

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 05 067 09258 00	Permit Number: _____ Expiration Date: _____
CONDITIONS OF APPROVAL, IF ANY: _____	

Attachment Check List

Att Doc Num	Name	Doc Description
1808675	APD ORIGINAL	LF@2170389 1808675

Total Attach: 1 Files