

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:

1808677

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 COMPANY4. COGCC Operator Number: 761045. Address: TWO WEST SECOND STCity: TULSA State: OK Zip: 741036. Contact Name: JULIE DOSSEY Phone: (970)382-0027 Fax: (970)382-0290Email: JDOSSEY@TIMBERLINELAND.COM7. Well Name: SOUTHERN UTE 32-7 Well Number: 4-6

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

9. Proposed Total Measured Depth: 3404

## WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 4 Twp: 32N Rng: 7W Meridian: NLatitude: 37.042040 Longitude: -107.613590

FNL/FSL

FEL/FWL

Footage at Surface: 1160 FSL 2490 FEL11. Field Name: IGNACIO BLANCO Field Number: 3830012. Ground Elevation: 3242 13. County: LA PLATA

## 14. GPS Data:

Date of Measurement: 06/30/2006 PDOP Reading: 3.0 Instrument Operator's Name: NELSON ROSS15. 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

1261 FSL 1440 FEL 1285 FSL 1190 FEL

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 132018. Distance to nearest property line: 252 19. Distance to nearest well permitted/completed in the same formation: 1320

## 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 #: 14-20-151-40

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):  
LEASES ARE ATTACHED. THERE ARE 2 LEASE #S GIVEN; THE ONE ABOVE & 14-20-151-4

25. Distance to Nearest Mineral Lease Line: 1190 26. Total Acres in Lease: 2005

### 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	3,404	570	3,404	0

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

33. Comments ALL CONDITIONS REMAIN THE SAME AS PER THE ORIGINAL SUBMITTAL. NO CONDUCTOR CASING WILL BE USED.

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: \_\_\_\_\_

<b>API NUMBER</b> 05 067 09253 00	Permit Number: _____ Expiration Date: _____
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**CONDITIONS OF APPROVAL, IF ANY:** \_\_\_\_\_

### **Attachment Check List**

Att Doc Num	Name	Doc Description
1808677	APD ORIGINAL	LF@2170391 1808677

Total Attach: 1 Files