

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:  
1808868

Plugging Bond Surety

APPLICATION FOR PERMIT TO:

1.  Drill,  Deepen,  Re-enter,  Recomplete and Operate

2. TYPE OF WELL

OIL  GAS  COALBED  OTHER PLUGGED&ABANDON  
 SINGLE ZONE  MULTIPLE ZONE  COMMINGLE ZONE

Refiling   
Sidetrack

3. Name of Operator: EAST CHEYENNE GAS STORAGE LLC 4. COGCC Operator Number: 10322  
 5. Address: 10901 WEST TOLLER DRIVE - SUITE 200  
 City: LITTLETON State: CO Zip: 80127  
 6. Contact Name: GREG FRANCIS Phone: (720)351-4000 Fax: (720)351-4200  
 Email: GFRANCIS@MEPCO.US.COM  
 7. Well Name: DORTHY STRANGE Well Number: 1  
 8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_  
 9. Proposed Total Measured Depth: 5335

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 6 Twp: 11N Rng: 52W Meridian: 6  
 Latitude: 40.955400 Longitude: -103.216332  
 Footage at Surface: 2302 FNL/FSL FSL 1670 FEL/FWL FEL  
 11. Field Name: PEETZ WEST Field Number: 68300  
 12. Ground Elevation: 4550 13. County: LOGAN

14. GPS Data:

Date of Measurement: 11/06/2009 PDOP Reading: 3.3 Instrument Operator's Name: TIM LEIBERT

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: 183 ft

18. Distance to nearest property line: 332 ft 19. Distance to nearest well permitted/completed in the same formation: 1320 ft

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.)
D SAND	DSND			
J SAND	JSND			

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#: 20090106

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):  
 WELL IS NOT PRODUCING PLUGGED ON 06/01/1972

25. Distance to Nearest Mineral Lease Line: 332 ft 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: RE-USED

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
CONDUCTOR	13+5/8	9+5/8	25.4	216	180	216	0
SURF	9+1/2	5+1/2	15.5	5,334	250	5,335	4,140

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

33. Comments WELL IS WITHIN A GAS STORAGE AREA. WELL IS TO BE RE-PLUGGED & ABANDONED TO INSURE NO VERTICAL MIGRATION OF GAS CAN OCCUR. WELL ORIGINALLY PA 06/01/1972.

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: GREG FRANCIS

Title: CONSULTING GEOLOGIST Date: \_\_\_\_\_ Email: GFRANCIS@MEPCO.US.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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

<b>API NUMBER</b> 05 075 07146 00	Permit Number: _____ Expiration Date: _____
<b>CONDITIONS OF APPROVAL, IF ANY:</b> _____	

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

### **Attachment Check List**

Att Doc Num	Name	Doc Description
1808868	APD ORIGINAL	LF@2183671 1808868
1808874	WELL LOCATION PLAT	LF@2183672 1808874
1808875	TOPO MAP	LF@2183673 1808875
1808876	LOCATION PICTURES	LF@2183750 1808876
1808877	LOCATION DRAWING	LF@2183752 1808877

Total Attach: 5 Files