

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 plugged & abandon
SINGLE ZONE ☐ MULTIPLE ZONE ☒ COMMINGLE ZONE ☐Refiling ☐Sidetrack ☐

Document Number:

1808888

Plugging Bond Surety

3. Name of Operator: EAST CHEYENNE GAS STORAGE LLC4. COGCC Operator Number: 103225. Address: 10901 WEST TOLLER DRIVE - SUITE 200City: LITTLETON State: CO Zip: 801276. Contact Name: GREG FRANCIS Phone: (720)351-4000 Fax: (720)351-4200Email: GFRANCIS@MEPCO.US.COM7. Well Name: MICHAELS Well Number: 1

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

9. Proposed Total Measured Depth: 5351

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 31 Twp: 12N Rng: 52W Meridian: 6Latitude: 40.966440 Longitude: -103.220750Footage at Surface: 1003 FNL/FSL 2260 FEL/FWL FSL11. Field Name: PEETZ WEST Field Number: 6830012. Ground Elevation: 4541 13. County: LOGAN

14. GPS Data:

Date of Measurement: 11/06/2009 PDOP Reading: 3.0 Instrument Operator's Name: TIM LEIBERT15. 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 ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 986 ft18. Distance to nearest property line: 233 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):
SEE ATTACHED SHEET.

25. Distance to Nearest Mineral Lease Line: 233 ft 26. Total Acres in Lease: 151

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: REUSE

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	14+3/4	10+3/4	25.4	245	135	245	0
SURF	9+1/2	5+1/2	15.5	5,296	150	5,302	4,852

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.

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: _____

API NUMBER

05 075 07200 00

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY: _____

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
1808888	APD ORIGINAL	LF@2183664 1808888
1808891	WELL LOCATION PLAT	LF@2183665 1808891
1808892	LOCATION PICTURES	LF@2183743 1808892
1808893	TOPO MAP	LF@2183666 1808893
1808894	LOCATION DRAWING	LF@2183744 1808894

Total Attach: 5 Files