

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



DE	ET	OE	ES
----	----	----	----

Document Number:
400018709
Plugging Bond Surety
20070091

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: UNIOIL 4. COGCC Operator Number: 90950
5. Address: 1775 SHERMAN ST STE 3000
City: DENVER State: CO Zip: 80203
6. Contact Name: Sarah Garrett Phone: (303)860-5803 Fax: (303)860-5838
Email: sgarrett@petd.com
7. Well Name: Binder Well Number: 100 U
8. Unit Name (if appl): _____ Unit Number: _____
9. Proposed Total Measured Depth: 7350

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 10 Twp: 4N Rng: 67W Meridian: 6
Latitude: 40.327360 Longitude: -104.877190
Footage at Surface: 2463 FNL/FSL FNL 2624 FEL/FWL FWL
11. Field Name: WATTENBERG Field Number: 90750
12. Ground Elevation: 4780 13. County: WELD

14. GPS Data:
Date of Measurement: 10/07/2008 PDOP Reading: 6.0 Instrument Operator's Name: Thomas G Carlson PLS 24657

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: 162 ft
18. Distance to nearest property line: 170 ft 19. Distance to nearest well permitted/completed in the same formation: 1038 ft

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.)
J Sand	JSND		160	GWA
Niobrara Codell	NBCD	407-87	160	GWA
Sussex-Shannon	SXSN	N/A	160	GWA

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#: 20070028

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):
N/2 Sec. 10, Township 4 North, Range 67 West

25. Distance to Nearest Mineral Lease Line: 170 ft 26. Total Acres in Lease: 320

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	400	260	400	0
S.C. 1.1	7+7/8	4+1/2	10.5	7,350	190	7,350	4,000

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

33. Comments Conductor casing will not be used. Well is on the same pad as the following: Binder 10SDU, 32-10DU, 22-10DU, 10CDU, and 10NDU.

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: Sarah Garrett

Title: Landman Date: _____ Email: sgarrett@petd.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	Permit Number: _____	Expiration Date: _____
05	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
400018744	30 DAY NOTICE LETTER	Binder_N2-10-4-67_Not Ltr_082109_scan.pdf
400018755	PLAT	Binder 10-OU Plat.pdf
400018756	TOPO MAP	Binder South Multi-Well Topo.pdf
400018757	EXCEPTION LOC WAIVERS	Binder 10-OU_318Ae waiver_090109_scan.pdf
400018832	EXCEPTION LOC REQUEST	Location Exception Waiver Request - Binder South.pdf
400018833	PROPOSED SPACING UNIT	Binder 10OU BHL Map.pdf
400018835	OTHER	20-Day Letter for 318Ae Boundary Wells - Unioil.pdf

Total Attach: 7 Files