

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 _____
 SINGLE ZONE ☐ MULTIPLE ZONE ☒ COMMINGLE ZONE ☐

 Refiling ☐
 Sidetrack ☐

Document Number:

1760008

Plugging Bond Surety

20010023

3. Name of Operator: K P KAUFFMAN COMPANY INC4. COGCC Operator Number: 462905. Address: 1675 BROADWAY, STE 2800City: DENVER State: CO Zip: 802026. Contact Name: SHERRY GLASS Phone: (303)825-4822 Fax: (303)825-48255Email: SGLASS@KPK.COM7. Well Name: FIVE RIVERS Well Number: #4-16-31

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

9. Proposed Total Measured Depth: 7971

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 16 Twp: 4N Rng: 66W Meridian: 6Latitude: 40.317010 Longitude: -104.789740
 Footage at Surface: 694 FNL/FSL FNL 620 FEL/FWL FWL
11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 4734 13. County: WELD

14. GPS Data:

Date of Measurement: 11/27/2006 PDOP Reading: 1.8 Instrument Operator's Name: JEFF RHOTEN15. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 1320 FNL 160 FWL 1320 FNL 160 FWL
 Bottom Hole: FNL/FSL 1320 FNL 160 FWL
 Sec: 16 Twp: 4N Rng: 66W Sec: 16 Twp: 4N Rng: 66W
16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 620 ft18. Distance to nearest property line: 620 ft 19. Distance to nearest well permitted/completed in the same formation: 826 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.)
J SAND	JSND		320	N/2
NIOBRARA-CODELL	NB-CD	407-87	160	E/2NE/4

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#: _____

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/2NW/4 SECTION 16-T4N-R66W

25. Distance to Nearest Mineral Lease Line: _____ 4 ft 26. Total Acres in Lease: _____ 80

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	620	500	620	
1ST	7+7/8	4+1/2	11.5	7,971	550	7,971	

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

33. Comments NO CONDUCTOR CASING WILL BE USED, CONSULTATION WITH SURFACE OWNER LATER AFTER LANDMAN BACK IN OFFICE AFTER HOLIDAY. SURFACE USE AGREEMENT ATTACHED. FORMERLY FIVE RIVERS #16-11-A2. PFFSETS MONFORT #1-29.

34. Location ID: _____ 332568

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: SHERRY GLASS

Title: ENGINEERING TECHNICIAN Date: _____ Email: SGLASS@KPK.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 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
1760008	APD ORIGINAL	LF@2189762 1760008
1760020	WELL LOCATION PLAT	LF@2189763 1760020
1760022	LEASE MAP	LF@2189789 1760022
1760023	SURFACE AGRMT/SURETY	LF@2189766 1760023
1760024	30 DAY NOTICE LETTER	LF@2189765 1760024
1760025	DEVIATED DRILLING PLAN	LF@2189767 1760025
1760026	PROPOSED SPACING UNIT	LF@2189768 1760026
1760027	PROPOSED SPACING UNIT	LF@2189788 1760027
2063484	TOPO MAP	LF@2189764 2063484
2063485	SURFACE AGRMT/SURETY	LF@2189796 2063485

Total Attach: 10 Files