

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:

1775078

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: ORR ENERGY LLC4. COGCC Operator Number: 101545. Address: 1813 61ST AVE STE 200City: GREELEY State: CO Zip: 806346. Contact Name: ED ORR Phone: () Fax: ()

Email: \_\_\_\_\_

7. Well Name: HALL Well Number: 33-25

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

9. Proposed Total Measured Depth: 7700

## WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 25 Twp: 6N Rng: 67W Meridian: 6Latitude: 40.455620 Longitude: -104.838910Footage at Surface: 1791 FNL/FSL FSL 1787 FEL/FWL FEL11. Field Name: LAPOUDRE SOUTH Field Number: 4813012. Ground Elevation: 4748 13. County: WELD

## 14. GPS Data:

Date of Measurement: 11/18/2009 PDOP Reading: 1.0 Instrument Operator's Name: STEVEN JOHN STENCEL15. 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: 895 ft18. Distance to nearest property line: \_\_\_\_\_ 19. Distance to nearest well permitted/completed in the same formation: 1038 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.)
JSND-CODL-NIO-SUS	JNCSS			

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): \_\_\_\_\_  
25. Distance to Nearest Mineral Lease Line: \_\_\_\_\_ 26. Total Acres in Lease: \_\_\_\_\_

### 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.

32. BOP Equipment Type: ☐ Annular Preventer ☐ Double Ram ☐ Rotating Head ☐ None  
33. Comments \_\_\_\_\_

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: VIRGINIA L. LOPEZ  
Title: REGULATORY Date: \_\_\_\_\_ Email: VIRGINIA@PETRO-FS.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
1775078	APD ORIGINAL	LF@2192709 1775078
1775079	WELL LOCATION PLAT	LF@2192710 1775079
1775080	TOPO MAP	LF@2192711 1775080

Total Attach: 3 Files