

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:

1760028

Plugging Bond Surety

20010023

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: K P KAUFFMAN COMPANY INC 4. COGCC Operator Number: 46290

5. Address: 1675 BROADWAY, STE 2800

City: DENVER State: CO Zip: 80202

6. Contact Name: SHERRY GLASS Phone: (303)825-4822 Fax: (303)825-4825

Email: SGLASS@KPK.COM

7. Well Name: POPE Well Number: 3-17-21R

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

9. Proposed Total Measured Depth: 8086

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 17 Twp: 4N Rng: 66W Meridian: 6

Latitude: 40.317260 Longitude: -104.803780

Footage at Surface: 669 FNL/FSL FNL 2083 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4705 13. County: WELD

14. GPS Data:

Date of Measurement: 03/29/2007 PDOP Reading: 6.0 Instrument Operator's Name: KIPPER GOLDSBERRY

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 1320 FNL 2480 FWL Bottom Hole: FNL/FSL 1320 FNL 2480 FWL

Sec: 17 Twp: 4N Rng: 66W Sec: 17 Twp: 4N Rng: 66W

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: 589 ft

18. Distance to nearest property line: 595 ft 19. Distance to nearest well permitted/completed in the same formation: 830 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	GWA	320	N/2
NIOBRARA-CODELL	NB-CD	407-87	160	E/2NW/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 17-T4N-66W

25. Distance to Nearest Mineral Lease Line: _____ 180 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	700	500	700	
1ST	7+7/8	4+1/2	11.5	8,086	750	8,086	

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. FORMERLY POPE #3-17-21,OFFSETS LEWIS #2-20.

34. Location ID: _____ 336643 _____

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	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
1760028	APD ORIGINAL	LF@2189769 1760028
1760038	WELL LOCATION PLAT	LF@2189770 1760038
1760039	TOPO MAP	LF@2189771 1760039
1760041	LEASE MAP	LF@2189800 1760041
1760042	30 DAY NOTICE LETTER	LF@2189772 1760042
1760043	DEVIATED DRILLING PLAN	LF@2189773 1760043
1760044	PROPOSED SPACING UNIT	LF@2189774 1760044
1760045	PROPOSED SPACING UNIT	LF@2189798 1760045

Total Attach: 8 Files