

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:

2093248

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: WEXPRO COMPANY 4. COGCC Operator Number: 95960

5. Address: P O BOX 45601

City: SALT LAKE CITY State: UT Zip: 84145-0601

6. Contact Name: DEE FINDLAY Phone: (307)922-5608 Fax: (307)352-7575

Email: DEE.FINDLAY@QUESTAR.COM

7. Well Name: SUGAR LOAF GOVERNMENT Well Number: 17

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

9. Proposed Total Measured Depth: 6007

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 5 Twp: 11N Rng: 101W Meridian: 6

Latitude: 40.944011 Longitude: -108.765114

Footage at Surface: 2020 FNL/FSL FNL 448 FEL/FWL FEL

11. Field Name: SUGAR LOAF Field Number: 80000

12. Ground Elevation: 7009 13. County: MOFFAT

14. GPS Data:

Date of Measurement: 02/04/2009 PDOP Reading: 1.5 Instrument Operator's Name: SHAWN HAWK

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: 200 ft

18. Distance to nearest property line: 448 ft 19. Distance to nearest well permitted/completed in the same formation: 2500 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.)
FORT UNION	FTUN			
MESAVERDE	MVRD			

21. Mineral Ownership: Fee State Federal Indian Lease #: COC000298
 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):
 SEE ATTACHED MAP.
 25. Distance to Nearest Mineral Lease Line: 448 ft 26. Total Acres in Lease: 2346

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: RESERVE PIT
 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	26	20		60	6	60	0
SURF	8+3/4	7	20	450	127	450	0
1ST	6+1/8	4+1/2	13.5	6,007	745	6,007	0

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: G.T. NIMMO
 Title: OPERATIONS MGR. Date: _____ Email: TERRY.NIMMO@QUESTAR.C

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
2093248	APD ORIGINAL	LF@2200336 2093248
2093250	WELL LOCATION PLAT	LF@2200337 2093250
2093251	TOPO MAP	LF@2200338 2093251
2093252	MINERAL LEASE MAP	LF@2200364 2093252
2093253	FED. DRILLING PERMIT	LF@2200339 2093253
2093254	DRILLING PLAN	LF@2200340 2093254
2093255	SURFACE PLAN	LF@2200341 2093255
2093256	LOCATION PICTURES	LF@2200359 2093256
2093257	LOCATION PICTURES	LF@2200361 2093257
2093258	LOCATION PICTURES	LF@2200363 2093258

Total Attach: 10 Files