

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:

2105139

Plugging Bond Surety

3. Name of Operator: RUNNING FOXES PETROLEUM INC4. COGCC Operator Number: 102215. Address: 7060 SOUTH TUCSON WAY - STE BCity: CENTENNIAL State: CO Zip: 801126. Contact Name: STEVEN A TEDESCO Phone: (720)889-0510 Fax: (303)617-7442Email: STEDESCO@RUNNINGFOXES.COM7. Well Name: CRAIG Well Number: 6-4

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

9. Proposed Total Measured Depth: 8000

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 4 Twp: 14S Rng: 55W Meridian: 6Latitude: 38.859870 Longitude: -103.564020Footage at Surface: 1980 FNL/FSL 1980 FEL/FWL FNL FWL11. Field Name: WILDCAT Field Number: 9999912. Ground Elevation: 5092 13. County: LINCOLN

14. GPS Data:

Date of Measurement: 04/10/2009 PDOP Reading: 1.9 Instrument Operator's Name: RABERT J RUBINO15. 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: 3288 ft18. Distance to nearest property line: 1980 ft 19. Distance to nearest well permitted/completed in the same formation: 1657 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.)
MISSISSIPPIAN	MSSP			
ORDOVICIAN	ORDV			
PENNSYLVANIAN	PENN			

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#: 20070088

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):
SECTION 4, T13S-R55W(PLUS ADDITIONAL)

25. Distance to Nearest Mineral Lease Line: 1980 ft 26. Total Acres in Lease: 11460

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: EVAP & BURY

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	17+1/2	13+24/64	48	400	350	400	
1ST	8+3/25	7	26	8,000	500	8,000	3,100

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

33. Comments #19 ABOVE: CRAIG 4-4 (1657' TO THE NW) NO CONDUCTOR CASING WILL BE USED

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: STEVEN A TEDESCO

Title: PRESIDENT Date: _____ Email: STEDESCO@RUNNINFOXES.

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: _____
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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
2105139	APD ORIGINAL	LF@2207154 2105139
2105140	WELL LOCATION PLAT	LF@2207155 2105140
2105141	TOPO MAP	LF@2207156 2105141
2105142	MINERAL LEASE MAP	LF@2207209 2105142
2105143	30 DAY NOTICE LETTER	LF@2207157 2105143

Total Attach: 5 Files