

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:
2585133
Plugging Bond Surety
19820016

3. Name of Operator: SAMSON RESOURCES COMPANY 4. COGCC Operator Number: 76104

5. Address: TWO WEST SECOND ST
City: TULSA State: OK Zip: 74103

6. Contact Name: JULIEDOSSEY Phone: (970)382-0027 Fax: (970)382-0290
Email: JDOSSEY@TIMBERLINELAND.COM

7. Well Name: IGNACIO 32-7-21 Well Number: 3

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

9. Proposed Total Measured Depth: 3621

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 21 Twp: 32N Rng: 7W Meridian: N
Latitude: 37.005400 Longitude: -107.610100

Footage at Surface: 1524 FNL/FSL FNL 1547 FEL/FWL FEL

11. Field Name: IGNACIO BLANCO Field Number: 38300

12. Ground Elevation: 6282 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 01/26/2010 PDOP Reading: 0.0 Instrument Operator's Name: GPS not used

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

Footage at Top of Prod Zone: FNL/FSL 2445 FNL 1111 FEL 2700 FNL 990 FEL
Sec: 21 Twp: 32N Rng: 7W Sec: 21 Twp: 32N Rng: 7W

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: 1547

18. Distance to nearest property line: 200 19. Distance to nearest well permitted/completed in the same formation: 1320

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.)
FRUITLAND COAL	FRLDC	112-181	320	E/2W/2

21. Mineral Ownership: Fee State Federal Indian Lease #: 14-20-151-6
 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):
 LEASE IS ATTACHED
 25. Distance to Nearest Mineral Lease Line: 789 26. Total Acres in Lease: 2165

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: EVAPORATIVE RESERVE
 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	500	260	500	
1ST	7+7/8	5+1/2	17	3,621	234	3,621	

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None
 33. Comments NO CONDUCTOR CASING WILL BE USED THERE HAVE BEEN NO CHANGES SINCE THW ORIGINAL SUBMITTAL

34. Location ID: 333280
 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: JULIE DOSSEY
 Title: PERMITTING AGENT Date: 12/14/2009 Email: JDOSSEY@TIMBERLINELAN

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: David S. Neslin Director of COGCC Date: 1/28/2010

API NUMBER
05 067 09275 00

Permit Number: _____ Expiration Date: 1/27/2011

CONDITIONS OF APPROVAL, IF ANY:

1) Provide 48 hour notice of spud to COGCC field inspector Leslie Melton (970) 375-6419 or les.melton@state.co.us

Attachment Check List

Att Doc Num	Name	Doc Description
2585133	APD ORIGINAL	LF@2195990 2585133
2585134	30 DAY NOTICE LETTER	LF@2195991 2585134
400022015	FORM 2 SUBMITTED	LF@2200939 400022015

Total Attach: 3 Files