

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:

2095094

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: PINE RIDGE OIL & GAS LLC 4. COGCC Operator Number: 10276

5. Address: 600 17TH ST STE 800S
City: DENVER State: CO Zip: 80202

6. Contact Name: MOE FELMAN Phone: (303)226-1300 Fax: (303)226-1301
Email: MOE.FELMAN@COMETRIDGERESOURCES.COM

7. Well Name: LIBERTY Well Number: 32-32

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

9. Proposed Total Measured Depth: 5320

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 32 Twp: 19S Rng: 69W Meridian: 6
Latitude: 38.353339 Longitude: -105.132427

Footage at Surface: 2244 FNL 1937 FEL
FNL/FSL FEL/FWL

11. Field Name: FLORENCE-CANON CITY Field Number: 24600

12. Ground Elevation: 5424 13. County: FREMONT

14. GPS Data:

Date of Measurement: 01/19/2010 PDOP Reading: 6.0 Instrument Operator's Name: CHRIS PEARSON

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
930 FSL 94 FEL 930 FSL 94 FEL
Sec: 32 Twp: 19S Rng: 69W Sec: 32 Twp: 19S Rng: 69W

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: 210 ft

18. Distance to nearest property line: 210 ft 19. Distance to nearest well permitted/completed in the same formation: _____

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.)
PIERRE	PRRE	EXEMPT		

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):
 ATTACHED.

25. Distance to Nearest Mineral Lease Line: _____ 26. Total Acres in Lease: 1001

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: EVAPORATION AND BURIA

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	24	16	.25	50	70	50	0
SURF	12+1/4	9+5/8	32.3	620	160	620	0
1ST	8+3/4	7	23	3,615	25	3,615	3,415
2ND	6+1/4	4+1/2	11.6	5,320			

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

33. Comments 4 1/2" TOL@3,515'

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: MOE FELMAN

Title: SR. OPERATIONS ENGINEER Date: _____ Email: MOE.FELMAN@COMETRIDG

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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

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
2095094	APD ORIGINAL	LF@2220026 2095094
2095096	WELL LOCATION PLAT	LF@2220027 2095096
2095097	TOPO MAP	LF@2220079 2095097
2095098	MINERAL LEASE MAP	LF@2220080 2095098
2095099	LEGAL/LEASE DESC	LF@2220028 2095099
2095100	30 DAY NOTICE LETTER	LF@2220029 2095100
2095101	DEVIATED DRILLING PLAN	LF@2220030 2095101

Total Attach: 7 Files