

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:

2095112

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 LLC4. COGCC Operator Number: 102765. Address: 600 17TH ST STE 800SCity: DENVER State: CO Zip: 802026. Contact Name: MOE FELMAN Phone: (303)226-1300 Fax: (303)226-1301Email: MOE.FELMAN@COMETRIDGERESOURCES.COM7. Well Name: APACHE-GOLD Well Number: 34-20

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

9. Proposed Total Measured Depth: 5555

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 20 Twp: 19S Rng: 69W Meridian: 6Latitude: 38.375953 Longitude: -105.132359

FNL/FSL

FEL/FWL

Footage at Surface: 690 FSL 1899 FEL11. Field Name: FLORENCE-CANON CITY Field Number: 2460012. Ground Elevation: 5247 13. County: FREMONT

14. GPS Data:

Date of Measurement: 01/19/2010 PDOP Reading: 6.0 Instrument Operator's Name: CHRIS PEARSON15. 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

2034 FNL 2491 FEL 2034 FNL 2491 FELSec: 20 Twp: 19S Rng: 69W Sec: 20 Twp: 19S Rng: 69W16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 1147 ft18. Distance to nearest property line: 690 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			

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: 2584

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 & BURIAL

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	670	170	670	0
1ST	8+3/4	7	23	3,880	25	3,880	3,680
2ND	6+1/4	4+1/2	11.6	555			

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

33. Comments TOL@3780' OF 4 1/2".

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
2095112	APD ORIGINAL	LF@2220021 2095112
2095114	WELL LOCATION PLAT	LF@2220022 2095114
2095115	TOPO MAP	LF@2220077 2095115
2095116	MINERAL LEASE MAP	LF@2220078 2095116
2095117	LEGAL/LEASE DESC	LF@2220023 2095117
2095118	30 DAY NOTICE LETTER	LF@2220024 2095118
2095119	DEVIATED DRILLING PLAN	LF@2220025 2095119

Total Attach: 7 Files