

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:  
2095056

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: GREAT WESTERN OIL & GAS COMPANY LLC 4. COGCC Operator Number: 10110

5. Address: 503 MAIN ST  
City: WINDSOR State: CO Zip: 80550

6. Contact Name: JEFF REALE Phone: (970)686-8831 Fax: (866)413-3354  
Email: JREALE@GWOGCO.COM

7. Well Name: LIND Well Number: 20-13

8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 7700

WELL LOCATION INFORMATION

10. QtrQtr: NWSW Sec: 20 Twp: 7N Rng: 66W Meridian: 6  
Latitude: 40.558420 Longitude: -104.809470

Footage at Surface: \_\_\_\_\_ FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_  
1991 FSL 712 FWL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 4961 13. County: WELD

14. GPS Data:

Date of Measurement: 06/11/2008 PDOP Reading: 1.9 Instrument Operator's Name: E. HERNANDEZ

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: 712

18. Distance to nearest property line: 605 19. Distance to nearest well permitted/completed in the same formation: 906

20. LEASE, SPACING AND POOLING INFORMATION

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):  
SW/4 OF SEC. 20, T7N, R66W, 6TH PM

25. Distance to Nearest Mineral Lease Line: 605 26. Total Acres in Lease: 160

### 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: \_\_\_\_\_

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

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

33. Comments **CONDUCTOR CASING WILL NOT BE SET. 30 DAY NOTICE WAIVER IN SUA NO CHANGES OR IMPROVEMENTS HAVE BEEN MADE WITHIN 500 FT. OF THE PROPOSED LOCATION IN THE PAST YEAR.**

34. Location ID: 302374

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: JEFF REALE

Title: VICE PRESIDENT OPERATIONS Date: \_\_\_\_\_ Email: JREALE@GWOGCO.COM

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: \_\_\_\_\_

<b>API NUMBER</b>	Permit Number: _____	Expiration Date: _____
05 123 29033 00	<b>CONDITIONS OF APPROVAL, IF ANY:</b> _____	

**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
2095056	APD ORIGINAL	LF@2219003 2095056

Total Attach: 1 Files