

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2094608

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: KLABZUBA OIL & GAS INC 4. COGCC Operator Number: 10148

5. Address: 930 WEST 1ST ST 4TH FLRCity: FT WORTH State: TX Zip: 761026. Contact Name: MIKE COLLOM Phone: (303)382-2172 Fax: (303)299-9087Email: MCOLLOM@KLABZUBA.COM7. Well Name: HOUGH, R.M. Well Number: A-3

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

9. Proposed Total Measured Depth: 5619

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 7 Twp: 1N Rng: 57W Meridian: 6Latitude: 40.063073 Longitude: -103.803158

Footage at Surface: 1636 FNL/FSL 2272 FEL/FWL FWL

11. Field Name: ADENA Field Number: 70012. Ground Elevation: 4492 13. County: MORGAN

14. GPS Data:

Date of Measurement: 01/01/2010 PDOP Reading: 0.0 Instrument Operator's Name: NONE15. 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: 2272 ft18. Distance to nearest property line: 368 ft 19. Distance to nearest well permitted/completed in the same formation: 2900 ft

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#: 20060015

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):
T1N-R57W SEC. 7 S/2NW/4, SW, SEC. 18 NW/4, N/2SW/4

25. Distance to Nearest Mineral Lease Line: 368 ft 26. Total Acres in Lease: 480

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.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	8	8+5/8	24	103	75	103	0
1ST		5+1/2	14	5,617	225	5,617	

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

33. Comments A CIBP WILL BE SET @ +/-5550' OVER THE EXISTING J SAND PERFS. (5574'-5607') AND THE D SAND PERFORATED FROM 5517'-5527'.

34. Location ID: 95

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: MIKE COLLOM

Title: ENGINEERING MGR. Date: _____ Email: MCOLLOM@KLABZUBA.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: _____

API NUMBER

05 087 05357 00

Permit Number: _____ Expiration Date: _____

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
2094608	APD ORIGINAL	LF@2215965 2094608

Total Attach: 1 Files