

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:
1808624
Plugging Bond Surety

3. Name of Operator: COLORADO OIL & GAS CONSERVATION COMMISSION 4. COGCC Operator Number: 5

5. Address: 1120 LINCOLN ST SUITE 801
City: DENVER State: CO Zip: 80203

6. Contact Name: STEVE LINDBLOM Phone: (303)894-2100X5 Fax: (303)894-2109
Email: STEVEN.LINDBLOM@STATE.CO.US

7. Well Name: FIDDLER Well Number: 1

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

9. Proposed Total Measured Depth: 980

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 10 Twp: 35N Rng: 8W Meridian: N
Latitude: 37.309581 Longitude: -107.735134

Footage at Surface: 11 FSL 1798 FWL

11. Field Name: _____ Field Number: _____

12. Ground Elevation: 7824 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 09/14/2009 PDOP Reading: 2.4 Instrument Operator's Name: ALLISON CRAIG

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: 30 ft

18. Distance to nearest property line: 90 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.)
FRUITLAND	FRLDC			

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):
THIS IS A FRUITLAND COAL MONITOR WELL.

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

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
CONDUCTOR	12+1/4	9+5/8	36	44	48	50	0
SURF	8+3/4	7	20	730	270	735	0
1ST	6+1/4	4+1/2	10.5	980	230	985	0

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

33. Comments THIS IS A FRUITLAND COAL MONITOR WELL.

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: KAREN SPRAY

Title: INSPECTOR Date: 10/21/2009 Email: KAREN.SPRAY@STATE.CO.U

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: 2/11/2010

Permit Number: _____ Expiration Date: 2/10/2011

API NUMBER
05 067 09803 00

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
1808622	ACCESS ROAD MAP	LF@2396652 1808622
1808624	APD ORIGINAL	LF@2164886 1808624
1808625	WELL LOCATION PLAT	LF@2164887 1808625
1808627	30 DAY NOTICE LETTER	LF@2164888 1808627
1940969	WAIVERS	LF@2164889 1940969
2099115	SURFACE AGRMT/SURETY	LF@2396686 2099115
400025136	WAIVERS	LF@2396934 400025136
400025137	WAIVERS	LF@2396936 400025137

Total Attach: 8 Files