

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:  
2095288  
Plugging Bond Surety  
20060067

3. Name of Operator: VECTA OIL & GAS LTD 4. COGCC Operator Number: 10267

5. Address: 5920 CEDAR SPRINGS ROAD - STE 200  
City: DALLAS State: TX Zip: 75235

6. Contact Name: MAT GOOLSBY Phone: (303)618-7736 Fax: ()  
Email: MATGOOLSBY@VECTA-DENVER.COM

7. Well Name: RED CLOUD Well Number: 44-5

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

9. Proposed Total Measured Depth: 5850

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 5 Twp: 13S Rng: 47W Meridian: 6

Latitude: 38.940870 Longitude: -102.689540

Footage at Surface: 635 FNL/FSL FSL 891 FEL/FWL FEL

11. Field Name: \_\_\_\_\_ Field Number: \_\_\_\_\_

12. Ground Elevation: 4447 13. County: CHEYENNE

14. GPS Data:

Date of Measurement: 12/19/2009 PDOP Reading: 3.2 Instrument Operator's Name: NEAL MCCORMICK

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: 4389 ft

18. Distance to nearest property line: 635 ft 19. Distance to nearest well permitted/completed in the same formation: 1 mi

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.)
MORROW	MRRW			
SPARGEN	SPGN			

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):  
SE SE SEC. 5-13-47

25. Distance to Nearest Mineral Lease Line: 635 ft 26. Total Acres in Lease: 640

**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	12+1/4	8+5/8	24	400	225	400	0
1ST	7+7/8	5+1/2	15.5	5,850	250	5,850	4,780

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

33. Comments \_\_\_\_\_

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: MATHEW GOOLSBY

Title: VICE PRESIDENT Date: 2/1/2010 Email: MATGOOLSBY@VECTA-DEN

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	<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
2095288	APD ORIGINAL	LF@2221765 2095288
2095290	WELL LOCATION PLAT	LF@2221766 2095290
2095291	SURFACE AGRMT/SURETY	LF@2221767 2095291
2095292	WAIVERS	LF@2221768 2095292
400038497	FORM 2 SUBMITTED	400038497.pdf

Total Attach: 5 Files