

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:

2095998

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 LLC 4. COGCC Operator Number: 10276

5. Address: 600 17TH ST STE 800S
City: DENVER State: CO Zip: 80202

6. Contact Name: MOE FELMAN Phone: (303)226-1300 Fax: (303)226-1301
Email: MOE.FELMAN@COMETRIDGERESOURCES.COM

7. Well Name: ORCA Well Number: 44-19

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

9. Proposed Total Measured Depth: 4960

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 19 Twp: 19S Rng: 69W Meridian: 6
Latitude: 38.376508 Longitude: -105.148444

Footage at Surface: 919 FSL 1213 FEL

11. Field Name: FLORENCE-CANON CITY Field Number: 24600

12. Ground Elevation: 5425 13. County: FREMONT

14. GPS Data:

Date of Measurement: 02/09/2010 PDOP Reading: 6.0 Instrument Operator's Name: TRAVIS KRAICH

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
2574 FSL 1692 FEL 2574 FSL 1692 FEL
Sec: 19 Twp: 19S Rng: 69W Sec: 19 Twp: 19S Rng: 69W

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: 480 ft

18. Distance to nearest property line: 120 ft 19. Distance to nearest well permitted/completed in the same formation: 1044 ft

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	NONE		

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: _____ 31

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 AND BURIA

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	1/4 WT	50	70	50	
SURF	12+1/4	8+5/8	24 PPF	650	200	670	
1ST	7+7/8	5+1/2	15.5 PPF	4,960			

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: MOE FELMAN

Title: SR. OPERATIONS ENGINEER Date: 2/11/2010 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: _____

API NUMBER	Permit Number: _____	Expiration Date: _____
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
2095998	APD ORIGINAL	LF@2418671 2095998
2096000	WELL LOCATION PLAT	LF@2418672 2096000
2096001	TOPO MAP	LF@2418693 2096001
2096002	MINERAL LEASE MAP	LF@2418694 2096002
2096003	LEGAL/LEASE DESC	LF@2418673 2096003
2096004	30 DAY NOTICE LETTER	LF@2418674 2096004
2096005	DEVIATED DRILLING PLAN	LF@2418675 2096005

Total Attach: 7 Files