

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:

2096100

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: CYPRESS PRODUCTION INC 4. COGCC Operator Number: 10284

5. Address: 313 W MAIN ST
City: AZLE State: TX Zip: 76020

6. Contact Name: MIKE SULLIVAN Phone: (303)681-5901 Fax: (303)688-6507
Email: OGP-CO@COMCAST.NET

7. Well Name: MCINTYRE Well Number: 1-10

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

9. Proposed Total Measured Depth: 10600

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 10 Twp: 7N Rng: 94W Meridian: 6
Latitude: 40.576420 Longitude: -107.931590

Footage at Surface: 1151 FNL 2160 FEL
FNL/FSL FEL/FWL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 6641 13. County: MOFFAT

14. GPS Data:

Date of Measurement: 12/29/2009 PDOP Reading: 4.8 Instrument Operator's Name: R. GABRIEL

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: 2 mi

18. Distance to nearest property line: 1151 ft 19. Distance to nearest well permitted/completed in the same formation: 15 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.)
NIOBRARA	NBRR			

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):
T7N-R94W: SECTION 10: E/2 SE/4, NE/4. SECTION 3: S/2 SE/4

25. Distance to Nearest Mineral Lease Line: 476 ft 26. Total Acres in Lease: 320

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	17+1/2	13+3/8	48	1,300	810	1,300	0
1ST	12+1/4	9+5/8	40	8,900	1,370	8,900	1,000
1ST LINER	7+7/8	5+1/2	26	8,650			

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

33. Comments NO CONDUCTOR CASING WILL BE SET IN THE SUBJECT WELL. PLEASE CONTACT JOE MAZOTTI AT 720/226-5791 OR OGP-CO@COMCAST.NET WITH ANY QUESTIONS.

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: JOE MAZOTTI

Title: CONSULTANT Date: 2/11/2010 Email: OGP-CO@COMCAST.NET

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
2096100	APD ORIGINAL	LF@2420576 2096100
2096102	WELL LOCATION PLAT	LF@2420577 2096102
2096103	TOPO MAP	LF@2420578 2096103
2096104	30 DAY NOTICE LETTER	LF@2420579 2096104

Total Attach: 4 Files