

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:

400041497

Plugging Bond Surety

3. Name of Operator: MACHII-ROSS PETROLEUM CO 4. COGCC Operator Number: 522505. Address: 2901 28TH ST STE 205City: SANTA MONICA State: CA Zip: 904056. Contact Name: ANDY PETERSON Phone: (970)669-7411 Fax: (970)669-4077Email: andy.peterson@petersonenergy.com7. Well Name: LEONARD Well Number: 24-21J

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

9. Proposed Total Measured Depth: 8234

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 21 Twp: 2N Rng: 67W Meridian: 6Latitude: 40.118180 Longitude: -104.897940Footage at Surface: 615 FNL/FSL FSL 1973 FEL/FWL FWL11. Field Name: SPINDLE Field Number: 7790012. Ground Elevation: 5028 13. County: WELD

14. GPS Data:

Date of Measurement: 09/29/2008 PDOP Reading: 1.9 Instrument Operator's Name: DALLAS NIELSEN15. 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: 615 ft18. Distance to nearest property line: 615 ft 19. Distance to nearest well permitted/completed in the same formation: 961 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.)
Codell	CODL	407-87	80	S/2 SW/4
J Sand	J SND	232-23	320	S/2
Niobrara	NBRR	407-87	80	S/2 SW/4

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):
Township 2N, Range 67W, Section 21, SW/4, W/2 SE4

25. Distance to Nearest Mineral Lease Line: 615 ft 26. Total Acres in Lease: 240

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	700	500	700	0
1ST	7+7/8	4+1/2	11.6	8,235	200	8,235	7,175
			Stage Tool	5,283	250	5,283	4,883

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

33. Comments No conductor casing will be run. There have been no changes to the well plan with respect to the original permit.

34. Location ID: 318912

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: CLAYTON DOKE

Title: ENGINEER Date: _____ Email: cdoke@petersonenergy.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 05 123 30135 00	Permit Number: _____ Expiration Date: _____
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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
400041503	PLAT	LEONARD_24-21J_10-23-2008.pdf

Total Attach: 1 Files