

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:

Document Number:

2581192

Plugging Bond Surety

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: WEXPRO COMPANY 4. COGCC Operator Number: 95960

5. Address: P O BOX 45601
City: SALT LAKE CITY State: UT Zip: 84145-0601

6. Contact Name: DEE FINDLAY Phone: (307)922-5608 Fax: (307)352-7575
Email: DEE.FINDLAY@QUESTAR.COM

7. Well Name: BW MUSSER Well Number: 30

8. Unit Name (if appl): POWDER WASH Unit Number: COC047671
X

9. Proposed Total Measured Depth: _____

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 4 Twp: 11N Rng: 97W Meridian: 6
Latitude: 40.938125 Longitude: -108.297992

Footage at Surface: 1126 FNL/FSL FSL 2337 FEL/FWL FWL

11. Field Name: POWDER WASH Field Number: 69800

12. Ground Elevation: 6704 13. County: MOFFAT

14. GPS Data:

Date of Measurement: 07/15/2008 PDOP Reading: 2.2 Instrument Operator's Name: TREVOR ANDERSON

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: 500 ft

18. Distance to nearest property line: 1126 ft 19. Distance to nearest well permitted/completed in the same formation: 1402 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.)
FORT UNION	FTUN			
WASATCH	WSTC			

21. Mineral Ownership: Fee State Federal Indian Lease #: COD003874
9B

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):
SEE ATTACHED MAP.

25. Distance to Nearest Mineral Lease Line: 1126 ft 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: RESERVE PIT

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	26	20		80	8	80	0
SURF	8+3/4	7	20	450	127	450	0
1ST	6+1/8	4+1/2	13.5	9,069	518	9,069	0

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

33. Comments THIS WELL IS COVERED BY THE POWDER WASH AND JACKS DRAW UNIT WELLS LOCATION SURFACE USE PLAN DATED 01/01/2010.

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: G.T. NIMMO

Title: OPERATIONS MGR Date: 3/8/2010 Email: DEE.FINDLAY@QUESTAR.CO

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 Permit Number: _____ Expiration Date: _____

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
2581192	APD ORIGINAL	LF@2434915 2581192
2581193	WELL LOCATION PLAT	LF@2434916 2581193
2581194	TOPO MAP	LF@2434917 2581194
2581195	MINERAL LEASE MAP	LF@2434918 2581195
2581196	FED. DRILLING PERMIT	LF@2434919 2581196
2581197	DRILLING PLAN	LF@2434920 2581197
400047515	FORM 2 SUBMITTED	400047515.pdf

Total Attach: 7 Files