

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:
400052214

Plugging Bond Surety
20080136

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: OMIMEX PETROLEUM INC 4. COGCC Operator Number: 66190
 5. Address: 2001 BEACH ST STE 810
 City: FORT WORTH State: TX Zip: 76103
 6. Contact Name: Cliff Williams Phone: (817)321-7015 Fax: (817)735-8033
 Email: cliff_williams@omimexgroup.com
 7. Well Name: Denney State Well Number: 6-36-7-45
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 2800

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 36 Twp: 7N Rng: 45W Meridian: 6
 Latitude: 40.535450 Longitude: -102.332620
 Footage at Surface: 2386 FNL/FSL FNL 2162 FEL/FWL FWL
 11. Field Name: Holyoke South Field Number: 36650
 12. Ground Elevation: 3767.8 13. County: PHILLIPS

14. GPS Data:
Date of Measurement: 03/22/2010 PDOP Reading: 1.4 Instrument Operator's Name: E. Johnson

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: 2162 ft
 18. Distance to nearest property line: 254 ft 19. Distance to nearest well permitted/completed in the same formation: 1273 ft

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 #: 9266.7

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: 20090012

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):
All of Section 36, T7N, R45W

25. Distance to Nearest Mineral Lease Line: 2162 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: Evaporation

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	9+7/8	7	17	450	200	450	0
1ST	6+1/4	4+1/2	10.5	2,800	100	2,800	1,950

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

33. Comments Validation message indicates that I can't input the prior API number of 05-095-06211 in for this well. No conductor casing will be used on this well.

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: Cliff Williams

Title: Land Manager Date: 4/5/2010 Email: cliff_williams@omimexgroup.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 05 095 06211 00	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
400052240	WELL LOCATION PLAT	6-36-7-45.pdf
400052245	TOPO MAP	Topo Denney State 6-36-7-45.pdf
400053582	FORM 2 SUBMITTED	400053582.pdf

Total Attach: 3 Files