

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:
400057675
Plugging Bond Surety
20010023

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: K P KAUFFMAN COMPANY INC 4. COGCC Operator Number: 46290
 5. Address: 1675 BROADWAY, STE 2800
 City: DENVER State: CO Zip: 80202
 6. Contact Name: Sherry Glass Phone: (303)825-4822 Fax: (303)825-4825
 Email: sglass@kpk.com
 7. Well Name: McCarty Well Number: #10-21-24
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 8144

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 21 Twp: 4N Rng: 67W Meridian: 6
 Latitude: 40.296140 Longitude: -104.892860
 Footage at Surface: _____ FNL/FSL _____ FEL/FWL _____
1856 FSL 1825 FEL
 11. Field Name: Wattenberg Field Number: 90750
 12. Ground Elevation: 4914 13. County: WELD

14. GPS Data:
Date of Measurement: 02/23/2007 PDOP Reading: 6.0 Instrument Operator's Name: Kipper Goldsberry

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 _____
2465 FSL 1338 FEL 2465 FSL 1338 FEL
 Sec: 21 Twp: 4N Rng: 67W Sec: 21 Twp: 4N Rng: 67W

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: 1825 ft
 18. Distance to nearest property line: 853 ft 19. Distance to nearest well permitted/completed in the same formation: 50 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.)
J-Sand	JSND	232-23	160	N2SE,S2NE
Niobrara-Codell	NBCD	407-87	160	N2SE, S2NE

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):
SE/4 section 21-T4N-R67W

25. Distance to Nearest Mineral Lease Line: 165 ft 26. Total Acres in Lease: 160

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	415	700	
1ST	7+7/8	4+1/2	11.5#	8,144	750	8,144	

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

33. Comments No conductor casing will be used. SUA attached. Offset to McCarty #10-21, API #05-123-26729.

34. Location ID: 332815

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: Sherry Glass

Title: Engineering Technician Date: _____ Email: sglass@kpk.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 26719 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
400057678	TOPO MAP	MCCARTY 10-21-24-VIC.pdf
400058457	PLAT	executed McCarty well location plats_McCarty 10-21-24.pdf
400058458	LEASE MAP	MCarty 10-21-24 lease map flattened.pdf
400058459	UNIT CONFIGURATION MAP	McCarty 10-21-24 unit map flattened.pdf
400058460	DEVIATED DRILLING PLAN	McCarty 10-21-24 directional plan.pdf
400058470	30 DAY NOTICE LETTER	30-day notice_2-12-10_McCarty 10-21-24.pdf
400058472	SURFACE AGRMT/SURETY	amendment SUA Sunmarke-KPK_090428.pdf
400058473	SURFACE AGRMT/SURETY	McCarty-SUA SunMarke_071130.pdf
400058474	PROPOSED SPACING UNIT	20-Day notice_US Explor_McCarty 10-21-24.pdf

Total Attach: 9 Files