

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

Refilling
Sidetrack

Document Number:
1784293
Plugging Bond Surety
20090067

3. Name of Operator: WIEPKING-FULLERTON ENERGY LLC 4. COGCC Operator Number: 96340

5. Address: 4600 S DOWNING ST
City: ENGLEWOOD State: CO Zip: 80113

6. Contact Name: JACK FINCHAM Phone: (303)906-3335 Fax: (303)798-6542
Email: FINCHAM4@MSN.COM

7. Well Name: ALOHA MULA Well Number: #9

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

9. Proposed Total Measured Depth: 8400

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 19 Twp: 10S Rng: 55W Meridian: 6
Latitude: 39.162230 Longitude: -103.586990

Footage at Surface: 1979 FNL/FSL FSL 660 FEL/FWL FEL

11. Field Name: GREAT PLAINS Field Number: 32756

12. Ground Elevation: 5212 13. County: LINCOLN

14. GPS Data:

Date of Measurement: 06/05/2009 PDOP Reading: 2.4 Instrument Operator's Name: KEITH WESTFALL

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: 660 ft

18. Distance to nearest property line: 660 ft 19. Distance to nearest well permitted/completed in the same formation: 1570 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.)
ARBUCKLE	ABCK			
CHEROKEE	CHRK			
LANSING	LNSNG			
MARMATION	MRTN			
MORROW	MRRW			

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):
SEC. 19: ALL, T10S, R55W

25. Distance to Nearest Mineral Lease Line: 660 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: _____

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	300	240	300	
1ST	7+7/8	5+1/2	17	8,400	325	4,800	5,000

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

33. Comments NO CONDUCTOR CASING WILL BE USED

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: JACK M FINCHAM

Title: AGENT Date: 8/31/2009 Email: FINCHAM4@MSN.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: David S. Nashin Director of COGCC Date: 10/22/2009

API NUMBER
05 073 06390 00

Permit Number: _____ Expiration Date: 10/21/2011

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.

1) Provide 24 hour notice of MIRU to Mike Leonard at 719-767-2805 or e-mail at mike.leonard@state.co.us. 2) If production casing is set provide cement coverage to at least 200' above top potentially productive zone, and stage cement from 50' below Cheyenne to 50' above Dakota (est. 4550'-4000'). Run CBL to verify primary and stage cement jobs. 3) If well is a dry hole set the following plugs: 40 sks cement +/- 50' above the Lansing, 40 sks cement above any DST zone, 40 sks cement 50' below base of Cheyenne (est. 4550' up), 40 sks cement at top of Cheyenne (est. 4350' up), 40 sks cement 50' above top of Dakota (est. 4050' up), 50 sks cement from 50' below surface casing shoe up into surface casing, 10 sks cement in top of surface csg, cut 4 ft below GL, weld on plate, 5 sks cement in rat hole and mouse hole.

Attachment Check List

Att Doc Num	Name	Doc Description
1784294	WELL LOCATION PLAT	LF@2136510 1784294
1784295	TOPO MAP	LF@2136512 1784295
1784296	30 DAY NOTICE LETTER	LF@2136514 1784296
1784297	SURFACE AGRMT/SURETY	LF@2136516 1784297
1940675	SURFACE CASING CHECK	LF@2147257 1940675
400012779	APD ORIGINAL	LF@2136508 400012779

Total Attach: 6 Files