

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:
 2093841
 Plugging Bond Surety
 20090124

3. Name of Operator: STRACHAN EXPLORATION, INC 4. COGCC Operator Number: 83130

5. Address: 383 INVERNESS PKWY, STE 360
 City: ENGLEWOOD State: CO Zip: 80112

6. Contact Name: BILL CLAXTON Phone: (303)785-7006 Fax: (303)785-7012
 Email: BILL@STRACHANEXPLORATION.COM

7. Well Name: BRIXEY Well Number: 10-1

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

9. Proposed Total Measured Depth: 5350

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 10 Twp: 20S Rng: 51W Meridian: 6
 Latitude: 38.333570 Longitude: -103.104810

Footage at Surface: 1980 FNL/FSL FNL 1980 FEL/FWL FEL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 4296 13. County: KIOWA

14. GPS Data:

Date of Measurement: 09/14/2006 PDOP Reading: 1.5 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: 1980 ft

18. Distance to nearest property line: 660 ft 19. Distance to nearest well permitted/completed in the same formation: 2640 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.)
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):
E/2 AND SW/4 SEC. 10; W/2 AND N/2-NE/4 SEC. 11 T20S R51W

25. Distance to Nearest Mineral Lease Line: 660 ft 26. Total Acres in Lease: 880

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	450	250	450	0
1ST	7+7/8	4+1/2	10.5	5,350	200	200	4,350
			Stage Tool	1,300	150	1,300	0

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

33. Comments NO CONDUCTOR PIPE WILL BE USED. ALL CONDITIONS THE SAME AS ORIGINAL

34. Location ID: 324906

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: C. WILLIAM CLAXTON

Title: ENGINEER Date: 1/6/2010 Email: BILL@STRACHANEXPLORATI

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. Neslin Director of COGCC Date: 2/10/2010

API NUMBER: **05 061 06802 00** Permit Number: _____ Expiration Date: 2/9/2012

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 primary cement coverage at least 200' above top potentially productive zone, and stage cement from 50' below Cheyenne to 50' above Dakota (1100-700' minimum) Run CBL to verify primary cement and Cheyenne/Dakota stage cement 3) If well is a dry hole set plugs at the following depths 40 sks cement +/-50' above the Morrow and 40 sks cement above any DST zone w/show, 40 sks cement 50' above Day Creek (1750' up), 40 sks cement at top of Cheyenne (950' up), 40 sks cement 50' above Dakota (730' up) 5)40 sks cement from 40' below surface casing shoe up into surface casing 6)10 sks cement in top of surface csg, cut 4 ft below GL, weld on plate 7) 5 sks cement in rat hole and mouse hole

Attachment Check List

Att Doc Num	Name	Doc Description
2093843	WELL LOCATION PLAT	LF@2207502 2093843
2093844	TOPO MAP	LF@2207503 2093844
2093845	SURFACE AGRMT/SURETY	LF@2207504 2093845
2093846	30 DAY NOTICE LETTER	LF@2207505 2093846
400026784	FORM 2 SUBMITTED	LF@2214016 400026784
400042033	APD ORIGINAL	LF@2207501 400042033

Total Attach: 6 Files