

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



DE ET OE ES

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:
1784263
Plugging Bond Surety
20090047

3. Name of Operator: ENERGEN RESOURCES CORPORATION 4. COGCC Operator Number: 27480

5. Address: 2010 AFTON PLACE
City: FARMINGTON State: NM Zip: 87401

6. Contact Name: DOUG THOMAS Phone: (505)632-6162 Fax: (505)632-6112
Email: MIKE@FINNEYLAND.COM

7. Well Name: jaramillo 32-6 Well Number: 12-3

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

9. Proposed Total Measured Depth: 6109

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 12 Twp: 32N Rng: 6W Meridian: N
Latitude: 37.034470 Longitude: -107.455090

Footage at Surface: 1884 FNL/FSL FNL 164 FEL/FWL FEL

11. Field Name: IGNACIO BLANCO Field Number: 38300

12. Ground Elevation: 6279 13. County: ARCHULETA

14. GPS Data:

Date of Measurement: 11/19/2008 PDOP Reading: 3.0 Instrument Operator's Name: SCOTT WIEBE

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 1870 FNL 748 FEL 748 FEL/FWL 1800 FNL 1600 FWL 1600
Sec: 12 Twp: 32N Rng: 6W Sec: 12 Twp: 32N Rng: 6W

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: 153 ft

18. Distance to nearest property line: 164 ft 19. Distance to nearest well permitted/completed in the same formation: 738 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.)
FRUITLAND COAL	FRLDC	112-218	320	N2

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):
NE/4, E/2NW/4 SEC. 12, T32N, R6W, NMPPM

25. Distance to Nearest Mineral Lease Line: 250 ft 26. Total Acres in Lease: 240

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: EVAPORATE & BURY IN PI

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	9+5/8	32.3	400	250	400	0
1ST	8+3/4	7	23	3,240	425	3,240	0
2ND	6+1/4	4+1/2	11.6	6,109			

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

33. Comments NO CONDUCTOR CASING.

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: MICHAEL J. FINNEY

Title: AGENT Date: 8/26/2009 Email: MIKE@FINNEYLAND.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. Neslin* Director of COGCC Date: 10/29/2009

API NUMBER
05 007 06287 00

Permit Number: _____ Expiration Date: 10/28/2011

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 48 hour notice of spud to COGCC field inspector Leslie Melton (970) 375-6419 or les.melton@state.co.us 2) Provide cement coverage of production casing from TD to surface. Verify cement coverage with Cement Bond Log. 3) Run and submit Directional Survey from TD to kick-off point 4) The operator shall comply with Rule 321, and it shall be the operator's responsibility to ensure that the well bore complies with setback requirements in Commission orders and/or rules prior to producing the well. 5) Sample and test two closest water wells within 1/4 mile swath of the directional wellbore intercepting Fruitland Coal (includes pathway from top to bottom of pay). 6) Operators are required to obtain a bottom hole pressure utilizing a bottom hole gauge after a minimum 48 hour shut-in period following completion and prior to sales 7) Comply with all applicable provisions of Order 112-218

Attachment Check List

Att Doc Num	Name	Doc Description
1784276	WELL LOCATION PLAT	LF@2133425 1784276
1784277	TOPO MAP	LF@2133358 1784277
1784278	DEVIATED DRILLING PLAN	LF@2133426 1784278
1784279	SURFACE AGRMT/SURETY	LF@2133427 1784279
400014251	APD ORIGINAL	LF@2133424 400014251

Total Attach: 5 Files