

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:
2096100
Plugging Bond Surety
20100092

3. Name of Operator: CYPRESS PRODUCTION INC 4. COGCC Operator Number: 10284

5. Address: 313 W MAIN ST
City: AZLE State: TX Zip: 76020

6. Contact Name: MIKE SULLIVAN Phone: (303)681-5901 Fax: (303)688-6507
Email: OGP-CO@COMCAST.NET

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

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

9. Proposed Total Measured Depth: 10600

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 10 Twp: 7N Rng: 94W Meridian: 6
Latitude: 40.576420 Longitude: -107.931590

Footage at Surface: _____ FNL/FSL _____ FEL/FWL _____
1151 FNL 2160 FEL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 6641 13. County: MOFFAT

14. GPS Data:

Date of Measurement: 12/29/2009 PDOP Reading: 4.8 Instrument Operator's Name: R. GABRIEL

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: 2 mi

18. Distance to nearest property line: 516 ft 19. Distance to nearest well permitted/completed in the same formation: 3389 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.) |
|------------------------|----------------|-------------------------|-------------------------------|--------------------------------------|
| NIOBRARA | NBRR | | | |

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):
 T7N-R94W: SECTION 10: E/2 SE/4, NE/4. SECTION 3: S/2 SE/4

25. Distance to Nearest Mineral Lease Line: 476 ft 26. Total Acres in Lease: 320

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 | 17+1/2 | 13+3/8 | 48 | 1,300 | 810 | 1,300 | 0 |
| 1ST | 12+1/4 | 9+5/8 | 40 | 8,900 | 1,370 | 8,900 | 1,000 |
| 1ST LINER | 7+7/8 | 5+1/2 | 26 | 10,600 | | | |

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

33. Comments **NO CONDUCTOR CASING WILL BE SET IN THE SUBJECT WELL. PLEASE CONTACT JOE MAZOTTI AT 720/226-5791 OR OGP-CO@COMCAST.NET WITH ANY QUESTIONS.**

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: JOE MAZOTTI

Title: CONSULTANT Date: 2/11/2010 Email: OGP-CO@COMCAST.NET

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. Nash Director of COGCC Date: 5/12/2010

API NUMBER: **05 081 07612 00** Permit Number: _____ Expiration Date: 5/11/2012

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)24-HOUR SPUD NOTICE REQUIRED.E-MAIL Shaun.Kellerby@state.co.us

(2)CEMENT ON PRODUCTION CASING MUST BE AT LEAST 200' ABOVE TOP OF FT. UNION AND COMPLY WITH RULES 209 AND 317.I.SEGREGATE OIL, GAS, AND FRESH-WATER-BEARING ZONES AND PROTECT COAL SEAMS.VERIFY TOP WITH CBL.

(3)THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1-MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES.THE DEEPEST WATER WELL WITHIN 1-MILE IS 300 FEET DEEP.

Attachment Check List

| Att Doc Num | Name | Doc Description |
|-------------|----------------------|----------------------|
| 2096100 | APD ORIGINAL | LF@2420576 2096100 |
| 2096102 | WELL LOCATION PLAT | LF@2420577 2096102 |
| 2096103 | TOPO MAP | LF@2420578 2096103 |
| 2096104 | 30 DAY NOTICE LETTER | LF@2420579 2096104 |
| 400041802 | FORM 2 SUBMITTED | LF@2428245 400041802 |

Total Attach: 5 Files