

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:
400063047
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: Schneider Well Number: #13-7-33
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 7452

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 7 Twp: 4N Rng: 66W Meridian: 6
 Latitude: 40.321040 Longitude: -104.827450
 Footage at Surface: 667 FNL/FSL FSL 637 FEL/FWL FWL
 11. Field Name: Wattenberg Field Number: 90750
 12. Ground Elevation: 4737 13. County: WELD

14. GPS Data:
Date of Measurement: 12/12/2006 PDOP Reading: 1.9 Instrument Operator's Name: J Rhoten

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 1167 FSL 160 FWL 1167 FSL 160 FWL
 Bottom Hole: FNL/FSL 1167 FSL 160 FWL 1167 FSL 160 FWL
 Sec: 7 Twp: 4N Rng: 66W Sec: 7 Twp: 4N Rng: 66W

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: 262 ft
 18. Distance to nearest property line: 637 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.)
Niobrara-Codell	NBCD	407-87	160	E2SE12-4-67,W2SW7-66

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):
 NWSW, S/2SW/4 section 7-T4N-R66W

25. Distance to Nearest Mineral Lease Line: 160 ft 26. Total Acres in Lease: 120

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#	400	250	400	
1ST	7+7/8	4+1/2	11.5#	7,452	618	7,452	

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

33. Comments No conductor casing will be used in this well bore. Formerly Schneider #7-14-A1, twinned to Bernhardt #7-14, API# 05-123-22655.

34. Location ID: 332712

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 26544 00	Permit Number: _____ Expiration Date: _____
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
400063091	PLAT	SCHNEIDER 13-7-33 PLAT.pdf
400063092	TOPO MAP	SCHNEIDER 13-7-33 TOPO.pdf
400063093	LEASE MAP	Schneider #13-7-33 Lease Map.pdf
400063095	30 DAY NOTICE LETTER	30-day notice_Schneider 13-7-33.pdf
400063096	UNIT CONFIGURATION MAP	Schneider #13-7-33 Unit Plat.pdf
400063098	DEVIATED DRILLING PLAN	SCHNEIDER 13-7-33 DIRECTIONAL PLAN.pdf
400063099	PROPOSED SPACING UNIT	proposed unit_Schneider 13-7-33.pdf
400063100	SURFACE AGRMT/SURETY	Executed surface damage agreement and memorandum_Schneider 7-14-5_7-14-A1_7-14-A2_070711.pdf

Total Attach: 8 Files