

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:

400070561

Plugging Bond Surety

20100082

3. Name of Operator: SLAWSON EXPLORATION COMPANY INC 4. COGCC Operator Number: 103345. Address: 1675 BROADWAY - SUITE 1600City: DENVER State: CO Zip: 802026. Contact Name: Venessa Langmacher Phone: (303)857-9999 Fax: (303)450-9200Email: vllpermitco@aol.com7. Well Name: Thumper Well Number: 36-12-67

8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 13057

## WELL LOCATION INFORMATION

10. QtrQtr: NW NW Sec: 36 Twp: 12N Rng: 67W Meridian: 6Latitude: 40.970460 Longitude: -104.846320Footage at Surface: 605 FNL/FSL FNL 605 FEL/FWL FWL11. Field Name: Wildcat Field Number: 9999912. Ground Elevation: 6046 13. County: WELD

## 14. GPS Data:

Date of Measurement: 04/12/2010 PDOP Reading: 5.3 Instrument Operator's Name: Jason Levanen15. 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 \_\_\_\_\_

1057 FNL 756 FWL 650 FSL 1961 FWLSec: 36 Twp: 12N Rng: 67W Sec: 36 Twp: 12N Rng: 67W16. Is location in a high density area? (Rule 603b)?  Yes  No17. Distance to the nearest building, public road, above ground utility or railroad: 5280 ft18. Distance to nearest property line: 605 ft 19. Distance to nearest well permitted/completed in the same formation: 1850 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.)
Hygeine	HYGN			
Niobrara	NBRR			
Parkman	PRKM			
Richard	RCRD			
Shannon	SNSD			
Sussex	SUSX			

21. Mineral Ownership:  Fee  State  Federal  Indian Lease #: 8774.5

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):  
T12N-R67W: Sec. 36: ALL

25. Distance to Nearest Mineral Lease Line: 605 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: Evaporation and Burial

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	13+1/2	9+5/8	36	2,270	757	2,270	0
1ST	8+3/4	7+0/0	29	9,262	180	9,262	7,513
1ST LINER	6+0/0	4+1/2	11.6	13,027	0		

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

33. Comments No conductor casing will be set. The distance to the nearest above ground utility is greater than one mile from the location.

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: Venessa Langmacher

Title: Regulatory Supervisor Date: \_\_\_\_\_ Email: vllpermitco@aol.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: \_\_\_\_\_

<b>API NUMBER</b>	Permit Number: _____	Expiration Date: _____
05	<b>CONDITIONS OF APPROVAL, IF ANY:</b>	

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
400073422	DEVIATED DRILLING PLAN	Thumper1-36HSingleLateralPlan.pdf
400073423	DEVIATED DRILLING PLAN	Thumper1-36HWBD.pdf
400073425	WELL LOCATION PLAT	THUMPER_36-12-67-P11_Well_Location_Map_FINAL.pdf
400073518	DEVIATED DRILLING PLAN	Thumper1-36Hpre-spudfiles.pdf

Total Attach: 4 Files