

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:
400070282
Plugging Bond Surety
20100082

3. Name of Operator: SLAWSON EXPLORATION COMPANY INC 4. COGCC Operator Number: 10334

5. Address: 1675 BROADWAY - SUITE 1600
City: DENVER State: CO Zip: 80202

6. Contact Name: Venessa Langmacher Phone: (303)857-9999 Fax: (303)450-9200
Email: vllpermitco@aol.com

7. Well Name: Buckshot Well Number: 36-9-64

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

9. Proposed Total Measured Depth: 11199

WELL LOCATION INFORMATION

10. QtrQtr: NW NW Sec: 36 Twp: 9N Rng: 64W Meridian: 6
Latitude: 40.709300 Longitude: -104.503490

Footage at Surface: 605 FNL/FSL FNL 605 FEL/FWL FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 5141.5 13. County: WELD

14. GPS Data:

Date of Measurement: 05/28/2010 PDOP Reading: 2.0 Instrument Operator's Name: Nick Roadifer

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

Footage at Top of Prod Zone: FNL/FSL 1053 FNL 767 FWL 650 FSL 1966 FWL
Sec: 36 Twp: 9N Rng: 64W Sec: 36 Twp: 9N Rng: 64W

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: 828 ft

18. Distance to nearest property line: 605 ft 19. Distance to nearest well permitted/completed in the same formation: 5280 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.)
Hygiene	HYGN			
Niobrara	NBRR			
Parkman	PRKM			
Richard	RCRD			
Shannon	SNSD			
Sussex	SUSX			

21. Mineral Ownership: Fee State Federal Indian Lease #: 8676.5

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):
T9N-R64W: Sec. 36: ALL

25. Distance to Nearest Mineral Lease Line: 650 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	1,114	412	1,114	0
1ST	8+3/4	7+0/0	29	7,461	180	7,461	5,712
1ST LINER	6+0/0	4+1/2	11.6	11,169	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 well completed in the same formation 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: 7/29/2010 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: David S. Nash Director of COGCC Date: 8/10/2010

API NUMBER
05 123 31971 00

Permit Number: _____ Expiration Date: 8/9/2012

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.

COGCC ENG COA - SME

- 1) Provide 24 hr notice of MIRU to Ed Binkley at 970-506-9834 or e-mail at ed.binkley@state.co.us.
- 2) Set surface casing per Rule 317d, cement to surface. Setting surface casing less than the approved depth is a permit violation unless prior written approval is obtained from the COGCC.
- 3) If completed, provide cement coverage from the intermediate casing shoe to a minimum of 200' above Niobrara. Verify cement with a cement bond log.
- 4) If the production liner is cemented, verify cement with a cement bond log.
- 5) Comply with Rule 321. Run and submit Directional Survey from TD to base of surface casing. Ensure that the wellbore complies with setback requirements in commission orders or rules prior to producing the well.

Attachment Check List

Att Doc Num	Name	Doc Description
400070282	FORM 2 SUBMITTED	LF@2501218 400070282
400074246	WELL LOCATION PLAT	LF@2501219 400074246
400074393	DEVIATED DRILLING PLAN	LF@2501220 400074393
400074394	DEVIATED DRILLING PLAN	LF@2501221 400074394
400074395	DEVIATED DRILLING PLAN	LF@2501222 400074395

Total Attach: 5 Files

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