

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:

400071064

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: Front Range Well Number: #11-17-11R

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

9. Proposed Total Measured Depth: 7500

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 17 Twp: 4N Rng: 66W Meridian: 6

Latitude: 40.308540 Longitude: -104.804050

Footage at Surface: 1505 FSL 1957 FWL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 4723 13. County: WELD

14. GPS Data:

Date of Measurement: 03/01/2010 PDOP Reading: 6.0 Instrument Operator's Name: Kipper Goldsberry

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
1980 FSL 2004 FWL 1980 FSL 2004 FWL
Sec: 17 Twp: 4N Rng: 66W Sec: 17 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: 537 ft

18. Distance to nearest property line: 179 ft 19. Distance to nearest well permitted/completed in the same formation: 723 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-Codell	NBCD	407-87	80	N/2SW/4

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):
N2SW4 section 17-T4N-R66W

25. Distance to Nearest Mineral Lease Line: 654 ft 26. Total Acres in Lease: 80

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#	650	500	650	
1ST	7+7/8	4+1/2	11.5#	7,500	750	7,500	

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

33. Comments No conductor casing will be used.

34. Location ID: 332832

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	Permit Number: _____	Expiration Date: _____
05	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
400071079	PLAT	FRONT RANGE 11-17-11R2.pdf
400071081	TOPO MAP	FRONT RANGE 11-17-11-R2-VIC.PDF
400085145	DEVIATED DRILLING PLAN	FRONT RANGE 11-17-11R2 DIRECTIONAL PLAN.pdf
400085146	30 DAY NOTICE LETTER	30-DAY notice_FRONT RANGE 11-17-11R.pdf
400085147	LEASE MAP	Front Range #11-17-11R2 Lease Map.pdf
400085152	SURFACE AGRMT/SURETY	Front Range lease_Final SUA_memorandum and attachments f.pdf
400085478	PROPOSED BMPs	Conceptual Well Pad Layoutw pond SWmgmt.pdf
400085481	EXCEPTION LOC REQUEST	Front Range 11-17-11R Dear Director 318Aa1_318Ac1 request.pdf
400085482	EXCEPTION LOC WAIVERS	WAIVERS_FRONT RANGE 11-17-11R.pdf
400085553	CORRESPONDENCE	self-certification letter_Front Range #11-17-11R.pdf

Total Attach: 10 Files

BMP

<u>Type</u>	<u>Comment</u>
Storm Water/Erosion Control	Please see attached conceptual pad plat with indicated storm water retention pond and rockfall for capture area.

Total: 1 comment(s)