

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:
2583299
Plugging Bond Surety
20090080

3. Name of Operator: GREAT WESTERN OIL & GAS COMPANY LLC 4. COGCC Operator Number: 10110

5. Address: 503 MAIN ST
City: WINDSOR State: CO Zip: 80550

6. Contact Name: JEFF REALE Phone: (970)686-8831 Fax: (866)413-3354
Email: JREALE@GWOGCO.COM

7. Well Name: LIND Well Number: 20-53

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

9. Proposed Total Measured Depth: 7700

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 20 Twp: 7N Rng: 66W Meridian: 6
Latitude: 40.556910 Longitude: -104.806880

Footage at Surface: 1432 FNL/FSL FSL 1444 FEL/FWL FWL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 4945 13. County: WELD

14. GPS Data:

Date of Measurement: 06/11/2008 PDOP Reading: 1.6 Instrument Operator's Name: E. HERNANDEZ

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: 1308 ft

18. Distance to nearest property line: 1210 ft 19. Distance to nearest well permitted/completed in the same formation: 840 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	NB-CD		160	SW/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):
 SW/4 OF SECTION 20, T7N, R66W, 6TH PM

25. Distance to Nearest Mineral Lease Line: 1210 ft 26. Total Acres in Lease: 160

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	500	300	500	0
1ST	7+7/8	4+1/2	11.6	7,700	600	7,700	6,600

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

33. Comments CONDUCTOR CASING WILL NOT BE SET. 30-DAY NOTICE WAIVER IN SUA. NO NEW IMPROVEMENTS WITHIN 500 FT.

34. Location ID: 302377

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: JEFF REALE

Title: VP OPERATIONS Date: 7/22/2010 Email: JREALE@GWOGCO.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. Neslin Director of COGCC Date: 8/20/2010

API NUMBER
05 123 29036 00

Permit Number: _____ Expiration Date: 8/19/2012

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) Provide 24 hour notice of MIRU to Ed Binkley at 970-506-9834 or e-mail at ed.binkley@state.co.us
- 2) Comply with Rule 317.i and provide cement coverage from TD to a minimum of 200' above Niobrara. Verify coverage with cement bond log.

Attachment Check List

Att Doc Num	Name	Doc Description
2583299	APD ORIGINAL	LF@2512017 2583299
2583300	WELL LOCATION PLAT	LF@2512018 2583300
2583301	TOPO MAP	LF@2512019 2583301

Total Attach: 3 Files

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