

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:

400087103

Plugging Bond Surety

20080034

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: BAYSWATER EXPLORATION AND PRODUCTION LLC 4. COGCC Operator Number: 102615. Address: 730 17TH ST STE 610
City: DENVER State: CO Zip: 802026. Contact Name: Virginia Lopez Phone: (303)928-7128 Fax: (303)423-8765
Email: virginia@petro-fs.com7. Well Name: Walker-Shands Well Number: 18-18

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

9. Proposed Total Measured Depth: 7452

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 18 Twp: 6N Rng: 66W Meridian: 6Latitude: 40.492278 Longitude: -104.823923Footage at Surface: 842 FNL 2349 FWL11. Field Name: Bracewell Field Number: 748712. Ground Elevation: 4852 13. County: WELD

14. GPS Data:

Date of Measurement: 06/16/2010 PDOP Reading: 6.0 Instrument Operator's Name: Chris Pearson15. 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
842 FNL 2349 FWL 1320 FNL 1520 FWL
Sec: 18 Twp: 6N Rng: 66W Sec: 18 Twp: 6N Rng: 66W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 814 ft18. Distance to nearest property line: 555 ft 19. Distance to nearest well permitted/completed in the same formation: 1400 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.)
J-Niobrara-Codell	JNBCD		160	NW/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):
Township 6 North, Range 66 West, 6th PM Section 18: NW/4

25. Distance to Nearest Mineral Lease Line: 555 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	679	306	679	0
1ST	7+7/8	4+1/2	11.6	7,452	333	7,452	6,712

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

33. Comments No conductor casing will be used.

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: Virginia Lopez

Title: Regulatory Technician Date: _____ Email: virginia@petro-fs.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
400087147	TOPO MAP	Walker-Shands 18-18 Topo.pdf
400087149	PLAT	Walker-Shands 18-18 Plat.pdf
400087150	30 DAY NOTICE LETTER	Walker-Shands 30-Day Letter.pdf
400088133	DEVIATED DRILLING PLAN	Bayswater Walker Shands 18-18 Plan #1 8-9-10.pdf

Total Attach: 4 Files