

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:
400072120
Plugging Bond Surety
20100021

3. Name of Operator: RECOVERY ENERGY INC 4. COGCC Operator Number: 10325

5. Address: 1515 WYNKOOP STREET - STE #200
City: DENVER State: CO Zip: 80202

6. Contact Name: CLAYTON DOKE Phone: (970)669-7411 Fax: (970)669-4077
Email: cdoke@petersonenergy.com

7. Well Name: CHURCH Well Number: 31-25

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

9. Proposed Total Measured Depth: 4500

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 25 Twp: 3S Rng: 51W Meridian: 6
Latitude: 39.768830 Longitude: -103.034170

Footage at Surface: 1186 FNL/FSL FNL 1500 FEL/FWL FEL

11. Field Name: RUSH WILLADEL Field Number: 76000

12. Ground Elevation: 4587 13. County: WASHINGTON

14. GPS Data:

Date of Measurement: 06/17/2010 PDOP Reading: 3.9 Instrument Operator's Name: NEAL MCCORMICK

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: 1186 ft

18. Distance to nearest property line: 1140 ft 19. Distance to nearest well permitted/completed in the same formation: 304 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.)
D SAND	DSND			
J SAND	JSND			
SKULL CREEK	SKCRK			

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#: 20100022

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 3S-RANGE 51W, SECTION 25, NE/4, N/4SE/4

25. Distance to Nearest Mineral Lease Line: 1186 ft 26. Total Acres in Lease: 200

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: DRIED IN PLACE

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	350	250	350	0
1ST	7+7/8	5+1/2	15.5	4,500	325	4,500	2,725

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

33. Comments NO CONDUCTOR CASING WILL BE RUN. Operator requests approval of a Rule 318 a. exception location: Wellhead is to be located less than 1200' (304') from the nearest well producing/permitted to the same common source of supply. Waiver attached. EXCEPTION LOCATION REQUEST AND WAIVER ATTACHED.

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: CLAYTON DOKE

Title: CONTRACTOR Date: 7/15/2010 Email: cdoke@petersonenergy.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. Nashin Director of COGCC Date: 9/2/2010

API NUMBER
05 121 10997 00

Permit Number: _____ Expiration Date: 9/1/2012

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 hr notice of spud to Colby Horton at 970-867-2517 or e-mail at colby.horton@state.co.us.
- 2) If completed, provide cement coverage from TD to a minimum of 200' above Niobrara. Verify coverage with cement bond log.
- 3) If dry hole, set 60 sks cement from 50' below D Sand base to 100' above D Sand top, 40 sks cement 50' above Niobrara top, 50 sks cement ½ out, ½ in surface casing, 10 sks cement top of surface casing, cut 4' below GL, weld on plate, 5 sks cement in rat hole & 5 sks cement in mouse hole.

Attachment Check List

Att Doc Num	Name	Doc Description
400072120	FORM 2 SUBMITTED	LF@2508533 400072120
400072181	PLAT	LF@2508534 400072181
400072363	EXCEPTION LOC WAIVERS	LF@2508535 400072363
400076733	EXCEPTION LOC REQUEST	LF@2508536 400076733

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	onsite request withdrawn	8/27/2010 1:32:23 PM
Permit	on-site requested by surface owner and may be conducted by first part of sept. 2010	8/20/2010 2:36:53 PM

Total: 2 comment(s)

Error: Subreport could not be shown.