

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 Pilot Hole
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE Refiling Sidetrack

Document Number:

400094200

Plugging Bond Surety

3. Name of Operator: TEXAS AMERICAN RESOURCES COMPANY 4. COGCC Operator Number: 101385. Address: 410 17TH STREET SUITE 1610City: DENVER State: CO Zip: 802026. Contact Name: Melissa Lasley Phone: (720)279-6805 Fax: (303)592-3030Email: mlasley@texasarc.com7. Well Name: Cass Farms Well Number: 11-25P

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

9. Proposed Total Measured Depth: 7105

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 25 Twp: 8N Rng: 62W Meridian: 6Latitude: 40.638930 Longitude: -104.276540Footage at Surface: 320 FNL/FSL FNL 160 FEL/FWL FWL11. Field Name: Wildcat Field Number: 9999912. Ground Elevation: 5006 13. County: WELD

14. GPS Data:

Date of Measurement: 08/17/2010 PDOP Reading: 2.2 Instrument Operator's Name: Brian Brinkman15. 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 No17. Distance to the nearest building, public road, above ground utility or railroad: 272 ft18. Distance to nearest property line: 160 ft 19. Distance to nearest well permitted/completed in the same formation: 1 mi

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	NB	unspaced	320	W/2

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):
T8N R62W S25: W1/2

25. Distance to Nearest Mineral Lease Line: 160 ft 26. Total Acres in Lease: 320

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	14+3/4	10+3/4	45.5	680	650	680	0
1ST	9+7/8	7	26	7,105	500	6,730	4,500

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

33. Comments Please Note that the SUA is located within the lease. No conductor casing will be used. This Permit is a pilot hole permit and goes with a sidetrack permit DOC # 400094098 Please also note that the nearest distance to the mineral line will be 620' from the horizontal entry point. However the surface hole/pilot hole is 160' from the mineral line

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: Melissa Lasley

Title: Operations Analyst Date: _____ Email: mlasley@texasarc.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 05	Permit Number: _____ Expiration Date: _____
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
400094620	PROPOSED BMPs	BMP Manual for APD's.pdf
400094621	OIL & GAS LEASE	Casss Farms 11-25H O&G Lease.pdf
400094622	LOCATION PICTURES	Cass Farms 11-25H_Location Pictures.pdf
400094623	HYDROLOGY MAP	Cass Farms 11-25H_Hydrology Map.pdf
400094625	LOCATION DRAWING	Cass Farms 11-25H_Location Drawing.pdf
400094628	NRCS MAP UNIT DESC	Cass Farms 11-25H_Soils Report.pdf
400094630	ACCESS ROAD MAP	Cass Farms 11-25H_Access Road.pdf

Total Attach: 7 Files