

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:
400094165
Plugging Bond Surety
20100082

3. Name of Operator: SLAWSON EXPLORATION COMPANY INC 4. COGCC Operator Number: 10334

5. Address: 1675 BROADWAY - SUITE 1600
City: DENVER State: CO Zip: 80202

6. Contact Name: Terry L. Hoffman Phone: (303)250-0619 Fax: (303)412-8212
Email: tlhoffman@q.com

7. Well Name: King Pin Well Number: 36-12-65

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

9. Proposed Total Measured Depth: 12134

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 36 Twp: 12N Rng: 65W Meridian: 6
Latitude: 40.969283 Longitude: -104.616290

Footage at Surface: 684 FNL/FSL FNL 832 FEL/FWL FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 5936 13. County: WELD

14. GPS Data:

Date of Measurement: 09/09/2010 PDOP Reading: 2.2 Instrument Operator's Name: George Nelson Anderson/GeoSurv

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 834 FNL 1284 FWL 1981 FEL/FWL 650 FEL
Sec: 36 Twp: 12N Rng: 65W Sec: 36 Twp: 12N Rng: 65W

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: 5280 ft

18. Distance to nearest property line: 684 ft 19. Distance to nearest well permitted/completed in the same formation: 5280 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	NBRR			

21. Mineral Ownership: Fee State Federal Indian Lease #: 8760.5

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):
Section 36-T12N-R65W: ALL

25. Distance to Nearest Mineral Lease Line: 650 ft 26. Total Acres in Lease: 640

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	13+1/2	9+5/8	36	2,082	649	2,082	0
1ST	8+3/4	7	26	8,694	180	8,694	6,200
1ST LINER	6	4+1/2	11.6	12,104	0		

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

33. Comments No conductor is to be set. All measurements 5280' are 1 mile or greater.

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: Terry L. Hoffman

Title: Permit Agent Date: 9/23/2010 Email: tlhoffman@q.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: 10/15/2010

Permit Number: _____ Expiration Date: 10/14/2012

API NUMBER
05 123 32371 00

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 and from 200' below Sussex to 200' above Sussex. Verify coverage with cement bond log.
- 3) Comply with Rule 321. Run and submit Directional Survey from TD to base of surface casing. Ensure that the wellbore complies with setback requirements in commission orders or rules prior to producing the well.

Attachment Check List

Att Doc Num	Name	Doc Description
400094165	FORM 2 SUBMITTED	LF@2546503 400094165
400094170	WELL LOCATION PLAT	LF@2546504 400094170
400094171	DEVIATED DRILLING PLAN	LF@2546505 400094171
400094172	30 DAY NOTICE LETTER	LF@2546506 400094172

Total Attach: 4 Files

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