

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:

400104830

Plugging Bond Surety

20090067

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: WIEPKING-FULLERTON ENERGY LLC 4. COGCC Operator Number: 96340

5. Address: 4600 S DOWNING ST
City: ENGLEWOOD State: CO Zip: 80113

6. Contact Name: Jack Fincham Phone: (303)906-3335 Fax: (303)761-9067
Email: fincham4@msn.com

7. Well Name: Mahalo Well Number: # 1

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

9. Proposed Total Measured Depth: 7900

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 29 Twp: 10S Rng: 55W Meridian: 6

Latitude: 39.155060 Longitude: -103.582340

Footage at Surface: 660 FNL/FSL FNL 660 FEL/FWL FWL

11. Field Name: Great Plains Field Number: 32756

12. Ground Elevation: 5210.67 13. County: LINCOLN

14. GPS Data:

Date of Measurement: 10/12/2010 PDOP Reading: 2.4 Instrument Operator's Name: Keith Westfall

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: 660 ft

18. Distance to nearest property line: 660 ft 19. Distance to nearest well permitted/completed in the same formation: 1320 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.)
Cherokee	CHRK			
Marmaton	MRTN			
Morrow	MRRW			

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):
All, Sec. 29, T10S, R55W

25. Distance to Nearest Mineral Lease Line: 660 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: Backfill when dry

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	300	250	300	0
1ST	7+7/8	5+1/2	17	7,900	300	7,900	6,500

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: Jack Fincham

Title: Agent Date: _____ Email: fincham4@msn.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
400104831	30 DAY NOTICE LETTER	30 Day Notice Letter Mahalo-1 well.pdf
400104832	PROPOSED BMPs	Proposed BMP Mahalo-1 well.pdf
400104833	WELL LOCATION PLAT	Well Location Plat Mahalo-1 well.pdf
400104834	TOPO MAP	TOPO Map Mahalo-1 well.pdf
400104835	SURFACE AGRMT/SURETY	Surface Damage Agreement Mahalo-1-2 wells.pdf
400104836	OTHER	Lincoln County Drilling Permit Mahalo-1 well.pdf

Total Attach: 6 Files