

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:

400104921

Plugging Bond Surety

20090100

3. Name of Operator: TEXAS AMERICAN RESOURCES COMPANY 4. COGCC Operator Number: 10138

5. Address: 410 17TH STREET SUITE 1610

City: DENVER State: CO Zip: 80202

6. Contact Name: Melissa Lasley Phone: (720)279-6805 Fax: (303)592-3030

Email: mlasley@texasarc.com

7. Well Name: Cass Farms Well Number: 11-9H

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

9. Proposed Total Measured Depth: 6777

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 9 Twp: 7N Rng: 62W Meridian: 6

Latitude: 40.595020 Longitude: -104.334570

Footage at Surface: 315 FNL/FSL FNL 315 FEL/FWL FWL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 4831 13. County: WELD

14. GPS Data:

Date of Measurement: 08/17/2010 PDOP Reading: 1.4 Instrument Operator's Name: Brian Brinkman

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: 283

18. Distance to nearest property line: 315 19. Distance to nearest well permitted/completed in the same formation: 2 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	NBRR	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):
W/2; NE/4 Section 9, T7N, R62W

25. Distance to Nearest Mineral Lease Line: _____ 620 _____ 26. Total Acres in Lease: _____ 480 _____

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	6,777	500	6,157	4,047

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

33. Comments Please note SUA is located within the lease. No conductor casing will be used. This permit is a pilot hole and conected to a side track (horizontal) DOC #(400105082)

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: Operatins Analyst Date: 11/2/2010 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	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
400104921	FORM 2 SUBMITTED	400104921.pdf
400105417	PLAT	Cass Farms 11-9H_Plat.pdf
400105420	OIL & GAS LEASE	Cass Farms 11-8H_OGL.pdf
400105429	30 DAY NOTICE LETTER	Cass Farms 11-9H_30 Day.pdf

Total Attach: 4 Files