

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

Refilling
Sidetrack

Document Number:
400099947
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: Venessa Langmacher Phone: (303)857-9999 Fax: (303)450-9200
Email: vllpermitco@aol.com

7. Well Name: Hermit Well Number: 8-11-66

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

9. Proposed Total Measured Depth: 12780

WELL LOCATION INFORMATION

10. QtrQtr: NWSW Sec: 8 Twp: 11N Rng: 66W Meridian: 6
Latitude: 40.933970 Longitude: -104.808260

Footage at Surface: 2032 FNL/FSL FSL 605 FEL/FWL FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 5764.3 13. County: WELD

14. GPS Data:

Date of Measurement: 05/05/2010 PDOP Reading: 1.9 Instrument Operator's Name: Randi Betz

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

Footage at Top of Prod Zone: FNL/FSL 1879 FSL 1056 FWL 650 FEL/FWL 650 FEL 650
Sec: 8 Twp: 11N Rng: 66W Sec: 8 Twp: 11N Rng: 66W

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: 547 ft

18. Distance to nearest property line: 604 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 #: 8734.5

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: 20100120

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):
T11N-R66W: Section 8: S/2, NE/4

25. Distance to Nearest Mineral Lease Line: 604 ft 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: Evaporation and Burial

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	2,118	657	2,118	0
1ST	8+3/4	7+0/0	29	8,980	180	8,980	0
1ST LINER	6+0/0	4+1/2	11.6	12,780			

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

33. Comments No conductor casing will be set. The distance to the nearest well completed in the same formation is greater than one mile from this location.

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: Venessa Langmacher

Title: Regulatory Supervisor Date: 10/13/2010 Email: vllpermitco@aol.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. Nashline Director of COGCC Date: 11/10/2010

API NUMBER: **05 123 32537 00** Permit Number: _____ Expiration Date: 11/9/2012

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 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 end of production casing to a minimum of 200' above Niobrara. Verify coverage with cement bond log.
- 3) Run and submit Directional Survey from TD to base of surface casing. The operator shall comply with Rule 321, and it shall be the operator's responsibility to 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
1770643	SURFACE CASING CHECK	LF@2615986 1770643
400099947	FORM 2 SUBMITTED	LF@2602111 400099947
400100026	DEVIATED DRILLING PLAN	LF@2602112 400100026
400100027	DEVIATED DRILLING PLAN	LF@2602113 400100027
400100028	DEVIATED DRILLING PLAN	LF@2602114 400100028
400100029	WELL LOCATION PLAT	LF@2602115 400100029

Total Attach: 6 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Per Sherry Lee, surface restoration bond on file with State Land Board. PVG	10/21/2010 1:33:49 PM

Total: 1 comment(s)

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