

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:

400108284

Plugging Bond Surety

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: WEXPRO COMPANY 4. COGCC Operator Number: 959605. Address: P O BOX 45003City: SALT LAKE CITY State: UT Zip: 84145-06016. Contact Name: DEE FINDLAY Phone: (307)352-7554 Fax: (307)352-7575Email: dee.findlay@questar.com7. Well Name: POWDER WASH Well Number: 3-1

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

9. Proposed Total Measured Depth: 9201

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 3 Twp: 11N Rng: 97W Meridian: 6Latitude: 40.943836 Longitude: -108.270350Footage at Surface: 2093 FNL/FSL FNL 678 FEL/FWL FEL11. Field Name: POWDER WASH Field Number: 6980012. Ground Elevation: 6785 13. County: MOFFAT

14. GPS Data:

Date of Measurement: 05/12/2009 PDOP Reading: 1.6 Instrument Operator's Name: T. ANDERSON15. 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: 1000 ft18. Distance to nearest property line: 839 ft 19. Distance to nearest well permitted/completed in the same formation: 3400 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.)
FORT UNION	FTUN			

21. Mineral Ownership: Fee State Federal Indian Lease #: COD005289

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):
SEE ATTACHED MAP

25. Distance to Nearest Mineral Lease Line: 643 ft 26. Total Acres in Lease: 200

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

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
CONDUCTOR	26	20	STEEL	60		60	0
SURF	12+1/4	9+5/8	36	450	262	450	0
1ST	7+7/8	4+1/2	13.5	9,201	1,805	9,201	0

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

33. Comments This pad is covered under the Master surface Use Plan, dated 01/01/10. This is a renewal, there will be no changes to the original APD.

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: G. T. NIMMO

Title: OPERATIONS MANAGER Date: 11/12/2010 Email: dee.findlay@questar.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 05 081 07596 00	Permit Number: _____	Expiration Date: _____
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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
400108284	FORM 2 SUBMITTED	400108284.pdf
400108286	TOPO MAP	POWDER WASH #3-1 - TOPO MAPS A & B - REVISED 8-3-09.pdf
400108295	FED. DRILLING PERMIT	Federal APD.pdf
400108300	WELL LOCATION PLAT	Well Plat.pdf
400109188	LEASE MAP	pw 3-1 lease.pdf

Total Attach: 5 Files