

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:
400112857
Plugging Bond Surety
20090029

3. Name of Operator: HRM RESOURCES LLC 4. COGCC Operator Number: 10273
5. Address: 555 17TH STREET #950
City: DENVER State: CO Zip: 80202
6. Contact Name: CLAYTON DOKE Phone: (970)669-7411 Fax: (970)669-4077
Email: CLAY.DOKE@GMAIL.COM
7. Well Name: BINDER Well Number: 14-20
8. Unit Name (if appl): _____ Unit Number: _____
9. Proposed Total Measured Depth: 7900

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 20 Twp: 4N Rng: 67W Meridian: 6
Latitude: 40.298050 Longitude: -104.914970
Footage at Surface: 2443 feet FNL/FSL FSL 2246 feet FEL/FWL FWL
11. Field Name: WATTENBERG Field Number: 90750
12. Ground Elevation: 4909 13. County: WELD

14. GPS Data:
Date of Measurement: 11/01/2010 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 759 FSL 708 FWL 658 FEL/FWL 615 FWL 615
Sec: 20 Twp: 4N Rng: 67W Sec: 20 Twp: 4N Rng: 67W

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: 770 ft
18. Distance to nearest property line: 191 ft 19. Distance to nearest well permitted/completed in the same formation: 867 ft

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.)
CODELL	CODL	407-87	80	W/2 SW/4
NIOBRARA	NBRR	407-87	80	W/2 SW/4

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):
TOWNSHIP 4N, RANGE 67W, SECTION 20: SW/4

25. Distance to Nearest Mineral Lease Line: 615 ft 26. Total Acres in Lease: 160

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	12+1/4	8+5/8	24	490	250	490	0
1ST	7+7/8	4+1/2	11.6	7,900	150	7,900	7,140

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

33. Comments No conductor casing will re run. HRM Resources, LLC requests a RULE 318A exception for this location. Surface Casing to be set directionally at ~1.8°.

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: CLAYTON DOKE

Title: ENGINEER Date: _____ Email: CLAY.DOKE@GMAIL.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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER
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.

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Attachment Check List

Att Doc Num	Name
400113170	EXCEPTION LOC REQUEST
400113171	PLAT
400113173	DEVIATED DRILLING PLAN

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)