

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:
400117480
Plugging Bond Surety
20010023

3. Name of Operator: K P KAUFFMAN COMPANY INC 4. COGCC Operator Number: 46290

5. Address: 1675 BROADWAY, STE 2800
City: DENVER State: CO Zip: 80202

6. Contact Name: Sherry Glass Phone: (303)825-4822 Fax: (303)825-4825
Email: sglass@kpk.com

7. Well Name: NRC Well Number: #9-9-15H

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

9. Proposed Total Measured Depth: 8039

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 9 Twp: 1N Rng: 67W Meridian: 6

Latitude: 40.063678 Longitude: -104.888721

Footage at Surface: 1971 feet FNL/FSL FSL 674 feet FEL/FWL FEL

11. Field Name: Spindle Field Number: 77900

12. Ground Elevation: 5030 13. County: WELD

14. GPS Data:

Date of Measurement: 12/02/2010 PDOP Reading: 6.0 Instrument Operator's Name: Kipper Goldsberry

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

Footage at Top of Prod Zone: FNL/FSL 1512 FSL 1258 FEL 810 FSL 2150 FEL
Sec: 9 Twp: 1N Rng: 67W Sec: 9 Twp: 1N 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: 674 ft

18. Distance to nearest property line: 674 ft 19. Distance to nearest well permitted/completed in the same formation: 750 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.)
Sussex	SUSX	250	160	SE/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#: 20010024

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):
SE/4 section 9-T1N-R67W

25. Distance to Nearest Mineral Lease Line: 478 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	Wt/Ft	Csg/Line Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	12+1/4	9+5/8	30#		1,000	850	1,000	
1ST	8+5/8	7	24#	4000	8,039	750	8,039	4,000
2ND	7	4+1/2	11.5		8,039	850	8,039	

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

33. Comments There will be no conductor casing used in the drilling of this well. SDA and/or SUA discussions are ongoing with Surface Owner and will be furnished via form 4 when complete. Closed loop drilling mud system will be used, with cuttings buried in trench onsite. Pooled mineral owners in 160-acre wellbore only unit will be attached to permit. Wellbore is drilled from one GWA window to another GWA window, so no exception location waivers are needed. Lease is attached, with pooling agreement highlighted. Offset Rocky Mountain Fuel Co. C#1(API # 05-123-07479) existing well will be twinned by this location, but pay will be encountered 383 ft away from that wellbore. All possible BMP will be observed in drilling this well.

34. Location ID: 317650

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: Sherry Glass

Title: Engineering Technician Date: _____ Email: sglass@kpk.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
400117491	PLAT
400117492	TOPO MAP
400117657	DEVIATED DRILLING PLAN
400119794	LEASE MAP
400119795	UNIT CONFIGURATION MAP
400119814	OIL & GAS LEASE
400119818	PROPOSED SPACING UNIT
400119821	OTHER
400120102	30 DAY NOTICE LETTER
400120105	CORRESPONDENCE

Total Attach: 10 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)