

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:
400133432
Plugging Bond Surety
20080134

3. Name of Operator: PINE RIDGE OIL & GAS LLC 4. COGCC Operator Number: 10276

5. Address: 600 17TH ST STE 800S
City: DENVER State: CO Zip: 80202

6. Contact Name: Jill Lazatin Phone: (303)226-1316 Fax: (303)226-1301
Email: jill.lazatin@cometridgeresources.com

7. Well Name: Elliot Ness Well Number: 22-17

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

9. Proposed Total Measured Depth: 4015

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 17 Twp: 19S Rng: 69W Meridian: 6

Latitude: 38.396173 Longitude: -105.136489

Footage at Surface: 2520 feet FNL 2259 feet FWL

11. Field Name: Florence-Canon City Field Number: 24600

12. Ground Elevation: 5211 13. County: FREMONT

14. GPS Data:

Date of Measurement: 02/15/2011 PDOP Reading: 1.8 Instrument Operator's Name: Steven Parker

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
2520 FNL 2259 FWL 932 FNL 1083 FWL
Sec: 17 Twp: 19S Rng: 69W Sec: 17 Twp: 19S Rng: 69W

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: 166 ft

18. Distance to nearest property line: 166 ft 19. Distance to nearest well permitted/completed in the same formation: 877 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.)
Pierre	PRRE	Exempt		

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):
 Map and lease description attached

25. Distance to Nearest Mineral Lease Line: 220 26. Total Acres in Lease: 89

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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite **If 28, 29, or 30 are "Yes" a pit permit may be required.**

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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	24	16	1/4 WT	0	50	50	50	0
SURF	12+1/4	8+5/8	24 PPF	0	540	217	540	0
1ST	7+5/8	5+1/2	15.5 PPF	0	4,015			

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

33. Comments _____

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: Jill Lazatin

Title: Engineering Technician Date: _____ Email: jill.lazatin@cometridgeresource

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
400134539	LEASE MAP
400134540	TOPO MAP
400134822	PLAT
400134823	DEVIATED DRILLING PLAN
400134824	LEGAL/LEASE DESCRIPTION

Total Attach: 5 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)