

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:
400136032
Plugging Bond Surety
20090029

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

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: cdoke@petersonenergy.com

7. Well Name: CARLSON Well Number: 12-18

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

9. Proposed Total Measured Depth: 8766

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 18 Twp: 1S Rng: 67W Meridian: 6
Latitude: 39.966640 Longitude: -104.938080

Footage at Surface: _____ feet FNL/FSL _____ feet FEL/FWL _____ feet
FNL _____ feet FWL _____ feet

11. Field Name: SPINDLE Field Number: 77900

12. Ground Elevation: 5220 13. County: ADAMS

14. GPS Data:

Date of Measurement: 01/09/2010 PDOP Reading: 2.1 Instrument Operator's Name: STEVE SYRING

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 _____
Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____

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: 189 ft

18. Distance to nearest property line: 273 ft 19. Distance to nearest well permitted/completed in the same formation: 930 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.)
CODELL	CODL	407-87	80	E/2NW4
DAKOTA	DKTA	499-15	320	W/2
J-SAND	JSND	232-32	320	W/2
NIOBRARA	NBRR	407-87	80	E/2NW4

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 1 SOUTH, RANGE 67 WEST, SECTION 17, NW/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 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: _____

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	12+1/4	8+5/8	24	0	1,144	770	1,144	0
1ST	7+7/8	4+1/2	11.6	0	8,759	210	8,759	7,160

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

33. Comments Casing information cited is existing (thus, no conductor casing can or will be run). Proposed TD is actual. SUA is on file with the Commission, Doc#: 1760360. No plat has been attached, and a Sundry Form 4 has been added detailing the work per Operator Guidance in Appendix I of the COGCC Rule for Re-completion Form 2's. Operator acknowledges COGCC Rule violation: NBRR and CODL formations were completed 1/17/11 and 1/13/11-1/14/11 repectively; after the original Form 2 expiration date of 8/26/10 and without an approved Form 2 for Re-completion. Those formations that were completed were approved on the original permit.

34. Location ID: 320268

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: 2/23/2011 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: David S. Neslin Director of COGCC Date: 3/3/2011

Permit Number: _____ Expiration Date: 3/2/2013

API NUMBER
05 001 09709 00

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.

Prior to recompletion, operator must: 1) Provide 24 hour notice of MIRU to Jim Precup at 303-469-1902 or e-mail at jim.precup@state.co.us. 2) Monitor the bradenhead during well stimulation per Rule 341. 3) Upon well recompletion operator shall file a COGCC Form 5A, Interval Report reflecting the new perforations.

Attachment Check List

Att Doc Num	Name
400136032	FORM 2 SUBMITTED
400136102	OTHER
400136105	APD ORIGINAL
400136107	APD ORIGINAL

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	form 4 attached to the permit as an attachment. HRM recompleted after permit had expired.	2/23/2011 10:55:37 AM

Total: 1 comment(s)

BMP

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

Total: 0 comment(s)