

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:
400141260
Plugging Bond Surety
20080035

3. Name of Operator: SINGLETREE RESOURCES INC 4. COGCC Operator Number: 10245

5. Address: 25528 GENESEE TRAIL RD
City: GOLDEN State: CO Zip: 80401

6. Contact Name: Tony Markve Phone: (303)462-3604 Fax: (303)462-3739
Email: tony@doubtbs.com

7. Well Name: Haley Smith Well Number: 44-24

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

9. Proposed Total Measured Depth: 5300

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 24 Twp: 11N Rng: 54W Meridian: 6
Latitude: 40.907890 Longitude: -103.345990

Footage at Surface: 660 feet FSL 660 feet FEL

11. Field Name: Amber Field Number: 2400

12. Ground Elevation: 4302 13. County: LOGAN

14. GPS Data:

Date of Measurement: 02/09/2011 PDOP Reading: 2.6 Instrument Operator's Name: C. Vanmatre

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: 660 ft

18. Distance to nearest property line: 5280 ft 19. Distance to nearest well permitted/completed in the same formation: 1320 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.)
D Sand	DSND	N/A	40	SESE

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):
See Attached Sheet

25. Distance to Nearest Mineral Lease Line: 660 ft 26. Total Acres in Lease: 11120

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
SURF	11	8+5/8	24	0	450	195	450	0
1ST	7+7/8	5+1/2	15.5	0	5,300	210	5,300	4,200

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

33. Comments No conductor casing will be run in this well.

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: Tony Markve

Title: Engineer Date: _____ Email: tony@doubdts.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	Permit Number: _____	Expiration Date: _____
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	Document Name	attached ?	
<u>Attachment Checklist</u>			
400141293	30 Day notice letter	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	APD Orig & 1 Copy	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Deviated Drilling Plan	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Exception Loc Request	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Exception Loc Waivers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Federal Drilling Permit	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	H2S Contingency Plan	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400141290	Mineral lease map	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400141292	Surface agrmt/Surety	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400141287	Topo map	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Well Location Plat	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400141284	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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)