

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 FNL/FSL 660 feet FEL/FWL 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@doubdbts.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

05

Permit Number: _____ Expiration Date: _____

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> |
|-------------|----------------|
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Total: 0 comment(s)