


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table>	DE	ET	OE	ES
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APPLICATION FOR PERMIT TO:			Document Number: 400133111 Plugging Bond Surety 20100027				
1. <input type="checkbox"/> Drill, <input type="checkbox"/> Deepen, <input type="checkbox"/> Re-enter, <input checked="" type="checkbox"/> Recomplete and Operate							
2. TYPE OF WELL OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> COALBED <input type="checkbox"/> OTHER _____ SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/> COMMINGLE ZONE <input type="checkbox"/>			Refiling <input type="checkbox"/> Sidetrack <input type="checkbox"/>				
3. Name of Operator: <u>ESENJAY OPERATING INC</u>							
4. COGCC Operator Number: <u>10326</u>							
5. Address: <u>500 N. WATER STREET - STE 1100S</u> City: <u>CORPUS CHRISTI</u> State: <u>TX</u> Zip: <u>78471</u>							
6. Contact Name: <u>Fabrianna Venaducci</u> Phone: <u>(303)2790789</u> Fax: <u>(303)2791124</u> Email: <u>fabrianna@jameskaro.com</u>							
7. Well Name: <u>Jess</u> Well Number: <u>23-10</u>							
8. Unit Name (if appl): _____ Unit Number: _____							
9. Proposed Total Measured Depth: <u>6810</u>							
WELL LOCATION INFORMATION							
10. QtrQtr: <u>NWSE</u> Sec: <u>23</u> Twp: <u>7N</u> Rng: <u>59W</u> Meridian: <u>6</u> Latitude: <u>40.558340</u> Longitude: <u>-103.944270</u>							
Footage at Surface: <u>1972</u> feet FNL/FSL <u>2276</u> feet FEL/FWL <u>FEL</u>							
11. Field Name: <u>wildcat</u> Field Number: <u>99999</u>							
12. Ground Elevation: <u>4925</u> 13. County: <u>WELD</u>							
14. GPS Data: Date of Measurement: <u>02/27/2010</u> PDOP Reading: <u>2.3</u> Instrument Operator's Name: <u>Michael Feigenbaum</u>							
15. If well is <input type="checkbox"/> Directional <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
17. Distance to the nearest building, public road, above ground utility or railroad: <u>10500</u> ft							
18. Distance to nearest property line: <u>669</u> ft 19. Distance to nearest well permitted/completed in the same formation: <u>1465</u> ft							
20. LEASE, SPACING AND POOLING INFORMATION							
Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well				
NIOBRARA	NBRR		40				
			Unit Configuration (N/2, SE/4, etc.)				
			NWSE				

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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):
SW/4, W/2SE/4, SE/4SE/4, Sec 23, T7N, R59W, 6th PM

25. Distance to Nearest Mineral Lease Line: _____ 669 _____ 26. Total Acres in Lease: _____ 280 _____

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

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.

If 28, 29, or 30 are "Yes" a pit permit may be required.

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	12+1/4	8+5/8	24	0	575	411	575	0
1ST	7+7/8	5+1/2	17	0	6,805	175	6,805	5,326

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

33. Comments Submitted with Form 4 Sundry. APD has previously been approved; Operator is requesting waiver of public comment and LGD review, and requesting expedited approval. Approved Form 2A Location ID 417331.

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: Fabrianna Venaducci

Title: Contract Landman, Agent Date: 2/17/2011 Email: fabrianna@jameskaro.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: 3/11/2011

API NUMBER

05 123 31643 00

Permit Number: _____ Expiration Date: 3/10/2013

CONDITIONS OF APPROVAL, IF ANY: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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 Colby Horton at 970-467-2517 or e-mail at colby.horton@state.co.us
- 2) Upon well recompletion operator shall file a COGCC Form 5A, Completion Interval Report.

Attachment Check List

Att Doc Num	Name
400133111	FORM 2 SUBMITTED
400134257	PLAT

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	On hold pending sundry to add D sand to list of objectives of the previous permit.	2/22/2011 8:55:28 AM

Total: 1 comment(s)

BMP

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

Total: 0 comment(s)