


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: 400144186 Plugging Bond Surety 20030110				
1. <input checked="" type="checkbox"/> Drill, <input type="checkbox"/> Deepen, <input type="checkbox"/> Re-enter, <input type="checkbox"/> Recomplete and Operate							
2. TYPE OF WELL OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> COALBED <input type="checkbox"/> OTHER <u>sidetrack 2</u> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/> COMMINGLE ZONE <input type="checkbox"/>		Refiling <input checked="" type="checkbox"/> Sidetrack <input checked="" type="checkbox"/>					
3. Name of Operator: <u>WHITING OIL AND GAS CORPORATION</u>		4. COGCC Operator Number: <u>96155</u>					
5. Address: <u>1700 BROADWAY STE 2300</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</u>							
6. Contact Name: <u>Scott Webb</u> Phone: <u>(303)390-4095</u> Fax: <u>(303)495-6777</u> Email: <u>scottw@whiting.com</u>							
7. Well Name: <u>Chalk Bluffs</u>		Well Number: <u>36-13H</u>					
8. Unit Name (if appl): _____		Unit Number: _____					
9. Proposed Total Measured Depth: <u>10328</u>							
WELL LOCATION INFORMATION							
10. QtrQtr: <u>NWSW</u> Sec: <u>36</u> Twp: <u>10N</u> Rng: <u>60W</u> Meridian: <u>6</u> Latitude: <u>40.791140</u> Longitude: <u>-104.046580</u>							
Footage at Surface: <u>1780</u> feet FNL/FSL <u>FSL</u> 660 feet FEL/FWL <u>FWL</u>							
11. Field Name: _____		Field Number: _____					
12. Ground Elevation: <u>5224</u>		13. County: <u>WELD</u>					
14. GPS Data: Date of Measurement: <u>09/09/2010</u> PDOP Reading: <u>2.3</u> Instrument Operator's Name: <u>Darren Veal</u>							
15. If well is <input type="checkbox"/> Directional <input checked="" type="checkbox"/> Horizontal (highly deviated) submit deviated drilling plan. Footage at Top of Prod Zone: FNL/FSL <u>1719</u> FEL/FWL <u>FSL</u> 872 FWL <u>FWL</u> Bottom Hole: FNL/FSL <u>660</u> FEL/FWL <u>660</u> FEL <u>FEL</u> Sec: <u>36</u> Twp: <u>10N</u> Rng: <u>60W</u> Sec: <u>36</u> Twp: <u>10N</u> Rng: <u>60W</u>							
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>3041 ft</u>							
18. Distance to nearest property line: <u>660 ft</u> 19. Distance to nearest well permitted/completed in the same formation: <u>5280 ft</u>							
20. LEASE, SPACING AND POOLING INFORMATION							
Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well				
Niobrara	NBRR						
Unit Configuration (N/2, SE/4, etc.)							

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): _____

25. Distance to Nearest Mineral Lease Line: _____ 660 ft _____ 26. Total Acres in Lease: _____ 640 _____

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	9+5/8	36	0	1,500	421	1,500	0
1ST	8+3/4	7	29	0	7,046	685	7,046	0
1ST LINER	6	4+1/2	11.6	6208	10,148			

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

33. Comments First lateral missed target zone, well will be plugged back and sidetracked as follows: Plugged back -01 lateral from MDTD of 9515' to 6800'. KOP at 7064' MD and sidetrack around plugged 1st lateral up to intended target zone. Drill out lateral at that interval to originally permitted BHL of 660' FSL and 660' FEL Section 36-T10N-R60W.

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: Scott M. Webb

Title: Regulatory Coordinator Date: 3/18/2011 Email: scottw@whiting.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: 3/24/2011

API NUMBER

05 123 32488 02

Permit Number: _____ Expiration Date: 3/23/2013

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
400144186	FORM 2 SUBMITTED
400144191	DEVIATED DRILLING PLAN

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Contacted operator Scott Webb and Ben Betz by telephone to ask about possible typos. 4 1/2" casing/liner top should not be below 7" setting depth. 8169'/6819'. KOP in line 33 comments should not be above plug 8169'/8563'. Received clarification by email 3/22/11.	3/22/2011 11:35:37 AM

Total: 1 comment(s)

BMP

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

Total: 0 comment(s)