

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:
400128158

Plugging Bond Surety

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

3. Name of Operator: WEXPRO COMPANY 4. COGCC Operator Number: 95960

5. Address: P O BOX 45003
City: SALT LAKE CITY State: UT Zip: 84145-0601

6. Contact Name: DEE FINDLAY Phone: (307)352-7554 Fax: (307)352-7575
Email: dee.findlay@questar.com

7. Well Name: CARL ALLEN Well Number: 45

8. Unit Name (if appl): POWDER WASH Unit Number: COC47671A

9. Proposed Total Measured Depth: 9297

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 28 Twp: 12N Rng: 97W Meridian: 6
Latitude: 40.965589 Longitude: -108.299233

Footage at Surface: 565 feet FSL 1931 feet FWL

11. Field Name: POWDER WASH Field Number: 69800

12. Ground Elevation: 6590 13. County: MOFFAT

14. GPS Data:

Date of Measurement: 07/27/2010 PDOP Reading: 1.6 Instrument Operator's Name: DAVID KAY

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: 275 ft

18. Distance to nearest property line: 5102 ft 19. Distance to nearest well permitted/completed in the same formation: 780 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.)
FORT UNION	FTUN			
WASATCH	WSTC			

21. Mineral Ownership: Fee State Federal Indian Lease #: COC081267

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 MAP

25. Distance to Nearest Mineral Lease Line: 1930 ft 26. Total Acres in Lease: 760

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: CLOSED LOOP SYSTEM

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	20	16	steel con	0	80	8	80	0
SURF	12+1/4	9+5/8	36	0	1,500	535	1,500	0
1ST	7+7/8	4+1/2	13.5	0	9,297	1,379	9,297	0

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

33. Comments This pad is covered under the Master surface Use Plan, dated 01/01/11. The center hole is 275' from the nearest county road.

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: G. T. NIMMO

Title: OPERATIONS MANAGER Date: _____ Email: dee.findlay@questar.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: _____

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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
400136463	WELL LOCATION PLAT
400136464	MINERAL LEASE MAP
400147298	ACCESS ROAD MAP
400148305	

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>
Construction	Storm water and erosion control methods will be utilized from the start of construction until the site is stabilized.
Drilling/Completion Operations	The location will be bermed in all areas with a fill slope to prevent fluids from leaving the location.
Structural Practices	The tank will be surrounded by a containment system that is capable of containing 110% of the largest tank.

Total: 3 comment(s)