


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
DE	ET	OE	ES				
APPLICATION FOR PERMIT TO:			Document Number: 2591941 Plugging Bond Surety 20050066				
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>FOUNDATION ENERGY MANAGEMENT LLC</u>							
4. COGCC Operator Number: <u>10112</u>							
5. Address: <u>14800 LANDMARK BLVD STE #220</u> City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75254</u>							
6. Contact Name: <u>KENNY GAINES</u> Phone: <u>(918)585-1650</u> Fax: <u>(918)585-1660</u> Email: <u>KGAINES@FOUNDATIONENERGY.COM</u>							
7. Well Name: <u>AMOCO</u> Well Number: <u>17-32</u>							
8. Unit Name (if appl): _____ Unit Number: _____							
9. Proposed Total Measured Depth: <u>8140</u>							
WELL LOCATION INFORMATION							
10. QtrQtr: <u>NWSW</u> Sec: <u>17</u> Twp: <u>1S</u> Rng: <u>65W</u> Meridian: <u>6</u> Latitude: <u>39.962890</u> Longitude: <u>-104.695840</u>							
Footage at Surface: <u>2013</u> feet FNL/FSL <u>464</u> feet FEL/FWL <u>FWL</u>							
11. Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>							
12. Ground Elevation: <u>4893</u> 13. County: <u>ADAMS</u>							
14. GPS Data: Date of Measurement: <u>01/24/2010</u> PDOP Reading: <u>2.0</u> Instrument Operator's Name: <u>JOE COLLINS</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>464</u> ft							
18. Distance to nearest property line: <u>156</u> ft 19. Distance to nearest well permitted/completed in the same formation: <u>5280</u> 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.)			
CODELL	CODL						
NIOBRARA	NBRR						

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#: 20050067

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):
T1S- R65W Sec 17 S/2, NW/4

25. Distance to Nearest Mineral Lease Line: 464 ft 26. Total Acres in Lease: 5683

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.

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	1,450	725	1,450	0
1ST	7+7/8	4+1/2	11.6	0	8,150	200	8,150	6,742

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

33. Comments _____

34. Location ID: 320524

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: KENNETH E. GAINES

Title: SR. OPERATIONS ENGINEER Date: 12/1/2010 Email: KGAINES@FOUNDATIONENE

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: 4/6/2011

API NUMBER

05 001 09534 00

Permit Number: _____ Expiration Date: 4/5/2013

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.

PRIOR TO RECOMPLETION, OPERATOR MUST:

- 1) PROVIDE 24 HOUR NOTICE OF MIRU TO JIM PRECUP AT 303-469-1902 OR E-MAIL AT JIM.PRECUP@STATE.CO.US.
- 2) MONITOR THE BRADENHEAD DURING WELL STIMULATION PER RULE 341.
- 3) UPON WELL RECOMPLETION OPERATOR SHALL FILE A COGCC FORM 5A, INTERVAL REPORT REFLECTING THE NEW PERFORATIONS.

Review of area confirms it is not high density.

Attachment Check List

Att Doc Num	Name
2591941	APD ORIGINAL
2591942	OIL & GAS LEASE
2591943	SURFACE AGRMT/SURETY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Casing info left off. Using casing infor from first permit. Revised off form 5.	3/14/2011 11:32:10 AM
Permit	SUA is not signed. I checked bonding on. Distances to prop. line lease line, another well; all left off. Filled in off original permit.	3/14/2011 11:27:41 AM
Permit	Failed completeness many questions left unanswered (place on hold). kk	12/27/2010 2:09:50 PM

Total: 3 comment(s)

BMP

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

Total: 0 comment(s)