

APPLICATION FOR PERMIT TO:

1. **Drill,** Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
 SINGLE ZONE MULTIPLE COMMINGLE

Refiling
 Sidetrack

Document Number:
 400184639
 Plugging Bond Surety
 20080134

3. Name of Operator: PINE RIDGE OIL & GAS LLC 4. COGCC Operator Number: 10276

5. Address: 600 17TH ST STE 800S
 City: DENVER State: CO Zip: 80202

6. Contact Name: PAUL GOTTLOB Phone: (303)226-1316 Fax: (303)226-1301
 Email: Paul.Gottlob@cometriggeresources.com

7. Well Name: Oilfish Well Number: 24-30

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 7647

WELL LOCATION INFORMATION

10. QtrQtr: Lot 1 Sec: 30 Twp: 19S Rng: 69W Meridian: 6
 Latitude: 38.360619 Longitude: -105.155461

Footage at Surface: 416 feet FNL/FSL FSL 2012 feet FEL/FWL FWL

11. Field Name: FLORENCE-CANON CITY Field Number: 24600

12. Ground Elevation: 5544 13. County: FREMONT

14. GPS Data:

Date of Measurement: 06/23/2011 PDOP Reading: 1.9 Instrument Operator's Name: Chris Pearson

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 1132 FSL 1564 FWL _____ Bottom Hole: FNL/FSL 1092 FNL 62 FWL _____
 Sec: 30 Twp: 19S Rng: 69W Sec: 30 Twp: 19S Rng: 69W

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: 170 ft

18. Distance to nearest property line: 416 ft 19. Distance to nearest well permitted/completed in the same formation: 2400 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.)
Pierre	PRRE			

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#: 20080135

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 Bond \$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 attachments

25. Distance to Nearest Mineral Lease Line: 62 ft 26. Total Acres in Lease: 3821

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: Evaporation and burial

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	24	16	1/4Wt	0	60	5	60	0
SURF	12+1/4	9+5/8	32.3ppf	0	420	92	420	0
1ST	8+3/4	7	23.0ppf	0	4,230	35	4,230	3,905
1ST LINER	6+1/4	4+1/2	11.6ppf	0	7,650			

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

33. Comments Conductor cement volume is expressed in cubic yards. Production casing will not be cemented.

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: PAUL GOTTLÖB

Title: Sr. Engineering Tech. Date: 7/19/2011 Email: Paul.

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.

Attachment Check List

Att Doc Num	Name
400184639	FORM 2 SUBMITTED
400186453	DEVIATED DRILLING PLAN
400186454	PLAT
400186456	TOPO MAP
400186677	LEASE MAP
400186769	LEGAL/LEASE DESCRIPTION

Total Attach: 6 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>

Total: 0 comment(s)