

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:
 400212689
 PluggingBond SuretyID
 20110150

3. Name of Operator: ULTRA RESOURCES INC 4. COGCC Operator Number: 10375
 5. Address: 304 INVERNESS WAY SOUTH #295
 City: ENGLEWOOD State: CO Zip: 80112
 6. Contact Name: DEBBIE GHANI Phone: (303)645-9810 Fax: (303)708-9748
 Email: DGHANI@ULTRAPETROLEUM.COM
 7. Well Name: BRUTUS STATE 33-14 Well Number: 1V
 8. Unit Name (if appl): BRUTUS Unit Number: PENDING
 9. Proposed Total Measured Depth: 6600

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 14 Twp: 14S Rng: 62W Meridian: 6
 Latitude: 38.830056 Longitude: -104.303930
 Footage at Surface: 1980 feet FNL/FSL 2400 feet FEL/FWL FEL
 11. Field Name: WILDCAT Field Number: 99999
 12. Ground Elevation: 6154 13. County: EL PASO

14. GPS Data:
 Date of Measurement: 09/08/2011 PDOP Reading: 2.6 Instrument Operator's Name: BEN MILIUS

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: 1980 ft
 18. Distance to nearest property line: 1980 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 490 ft

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		640	SEE UNIT MAP
GREENHORN	GRNHN		640	SEE UNIT MAP
NIOBRARA	NBRR		640	SEE UNIT MAP

21. Mineral Ownership: Fee State Federal Indian Lease #: 9861.9
 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 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):
All of Section 14, Township 14 South, Range 62 West

25. Distance to Nearest Mineral Lease Line: 1980 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 **If 28, 29, or 30 are "Yes" a pit permit may be required.**

Method: Land Farming Land Spreading Disposal Facility Other: County landfill

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	65	0	120	180	120	0
SURF	12+1/4	8+5/8	24	0	930	330	930	0
1ST	7+7/8	5+1/2	17	0	6,600	340	6,600	2,500

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

33. Comments Ultra's phased development plan includes Phase I – a small pad for one vertical well. Based on the results of this pilot well, Phase II would include a larger pad for eight horizontal wells.

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: Debbie Ghani

Title: Permitting Coordinator Date: _____ Email: dghani@ultrapetroleum.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
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
400212751	PLAT
400212752	TOPO MAP
400212755	UNIT CONFIGURATION MAP

Total Attach: 3 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)