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Document Number:
 400255536
 PluggingBond SuretyID
 20030063

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

3. Name of Operator: RENEGADE OIL & GAS COMPANY LLC 4. COGCC Operator Number: 74165
 5. Address: P O BOX 460413
 City: AURORA State: CO Zip: 80046-0413
 6. Contact Name: J. B. Condill Phone: (303)680-4725 Fax: (303)680-4907
 Email: jbcrog@aol.com
 7. Well Name: Par State 28-14 Well Number: #2
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 8551

WELL LOCATION INFORMATION

10. QtrQtr: SE SW Sec: 28 Twp: 5s Rng: 64w Meridian: 6
 Latitude: 39.581460 Longitude: -104.559850
 Footage at Surface: 695 feet FNL/FSL 2082 feet FEL/FWL
 FSL FWL
 11. Field Name: Brave Field Number: 7515
 12. Ground Elevation: 5987 13. County: ARAPAHOE

14. GPS Data:
 Date of Measurement: 12/29/2009 PDOP Reading: 2.5 Instrument Operator's Name: Keith Westfall

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: 5975 ft
 18. Distance to nearest property line: 5975 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1281 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.) |
|------------------------|----------------|-------------------------|-------------------------------|--------------------------------------|
| D Sand | DSND | | 40 | SE/4 SW/4 |
| J Sand | JSND | | 40 | SE/4 SW/4 |
| Niobrara-Codell | NB-CD | | 40 | SE/4 SW/4 |

21. Mineral Ownership: Fee State Federal Indian Lease #: 80/5508-S
 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 28, T5S, R64W

25. Distance to Nearest Mineral Lease Line: 695 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: No drilling mud will be used.

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 | 12+1/4 | 8+5/8 | 24 | 0 | 443 | 320 | 443 | 0 |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 8,570 | 225 | 8,570 | 7,290 |
| S.C. 1.1 | | | | | 630 | 75 | 630 | 330 |
| | | | Stage Tool | | 2,351 | 375 | 2,351 | 630 |

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

33. Comments No form 2A being filed as there will be no new surface disturbance at the well or tank battery, an no pits will be necessary. Form 4 attached detailing the recompletion procedures. No conductor casing.

34. Location ID: 413721

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: J. B. Condill

Title: VP-Land Date: _____ Email: jbcrog@aol.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 05 005 07144 00 | 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

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------|
| | |

Total Attach: 0 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> |
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Total: 0 comment(s)