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Document Number:
 400208170
 PluggingBond SuretyID
 20110161

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: DJ PRODUCTION SERVICES INC 4. COGCC Operator Number: 22400
 5. Address: 1273 FALCON COURT
 City: WINDSOR State: CO Zip: 80550
 6. Contact Name: Jeff Reale Phone: (303)947-1387 Fax: ()
 Email: lam53@msn.com
 7. Well Name: Keto Well Number: 7-34
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 7650

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 7 Twp: 4n Rng: 67w Meridian: 6
 Latitude: 40.324260 Longitude: -104.927870
 Footage at Surface: _____ feet FNL/FSL _____ feet FEL/FWL _____ feet
 FSL _____ FEL _____
 11. Field Name: Johnstown Field Number: 42600
 12. Ground Elevation: 4834 13. County: WELD

14. GPS Data:
 Date of Measurement: 08/29/2011 PDOP Reading: 2.2 Instrument Operator's Name: C VANMATRE

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 _____
660 FSL 1968 FEL 660 FSL 1968 FEL
 Sec: 7 Twp: 4n Rng: 67w Sec: 7 Twp: 4n Rng: 67w

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: 742 ft
 18. Distance to nearest property line: 1135 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1004 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 / Niobrara	Cd/Nb	407-87	80	S/2 SE/4

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#: _____
 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):

SE/4 sec 7 4N 67W 160acres

25. Distance to Nearest Mineral Lease Line: 660 ft

26. Total Acres in Lease: 160

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: cuttings maybe dried and

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	700	380	700	0
1ST	7+7/8	4+1/2	11.5 #	0	7,650	550	7,650	3,000

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

33. Comments No conductor casing will be set. Town of Johnstown Use by Special Review Permit approved 1/18/12

34. Location ID: 413619

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: Jeff Reale

Title: Agent Date: 2/24/2012 Email: lam53@msn.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

05 123 30449 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

Att Doc Num	Name
400208170	FORM 2 SUBMITTED
400221116	WELL LOCATION PLAT
400221117	TOPO MAP
400254944	DIRECTIONAL DATA
400254948	DEVIATED DRILLING PLAN
400255492	SURFACE AGRMT/SURETY
400255809	DIRECTIONAL DATA

Total Attach: 7 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)

BMP

Type	Comment

Total: 0 comment(s)