

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



Document Number:

2287292

Date Received:

02/06/2012

PluggingBond SuretyID

20080001

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: GOSNEY & SONS INC

4. COGCC Operator Number: 34725

5. Address: P O BOX 367

City: BAYFIELD State: CO Zip: 81122

6. Contact Name: MATT BARNETT Phone: (970)884-9533 Fax: (970)884-0321

Email: MATTB@GOSNEYCO.COM

7. Well Name: KELSALL 33-7 Well Number: 4-2

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

9. Proposed Total Measured Depth: 3738

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 4 Twp: 33N Rng: 7W Meridian: N

Latitude: 37.137080 Longitude: -107.614250

Footage at Surface: 1109 feet FNL 2603 feet FWL

11. Field Name: IGNACIO BLANCO Field Number: 38300

12. Ground Elevation: 6701 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 06/01/2011 PDOP Reading: 6.0 Instrument Operator's Name: STEVEN C. MCCORMACK PLS

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

Footage at Top of Prod Zone: 767 FNL 1276 FEL Bottom Hole: 680 FNL 1000 FEL
Sec: 4 Twp: 33N Rng: 7W Sec: 4 Twp: 33N Rng: 7W

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: 650 ft

18. Distance to nearest property line: 176 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1358 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.)
FRUITLAND COAL	FRLDC	112-190	320	N/2

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):

NE4/NE4 SECTION 4, NW/4NW/4 SECTION 3, T33N, R7W, NMPM

25. Distance to Nearest Mineral Lease Line: 30 ft 26. Total Acres in Lease: 80

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: _____

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		500	360	500	0
1ST	7+7/8	5+1/2	17		3,700	650	3,700	0

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

33. Comments _____

34. Location ID: 424701

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: MATTHEW BARNETT

Title: SECRETARY Date: 2/3/2012 Email: MATTB@GOSNEYCO.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: 3/6/2012

API NUMBER
05 067 09881 00

Permit Number: _____ Expiration Date: 3/5/2014

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.

- 1) Provide 48 hour notice of spud to Steve Labowski 970-259-0945 steve.labowski@state.co.us
Provide the following information: Operator Name, Well Name and Number, API #, Spud Date, Contact Name, Contact Phone #, Email Address
- 2) Provide cement coverage of production casing from TD to surface. Verify cement coverage with Cement Bond Log.
- 3) Run and submit Directional Survey from TD to kick-off point
- 4) The operator shall comply with Rule 321, and it shall be the operator's responsibility to ensure that the well bore complies with setback requirements in Commission orders and/or rules prior to producing the well.
- 5) Sample and test two closest water wells within 1/4 mile swath of the directional wellbore.
- 6) Operators are required to obtain a bottom hole pressure utilizing a bottom hole gauge after a minimum 48 hour shut-in period following completion and prior to sales
- 7) Comply with all applicable provisions of Order 112-190

Attachment Check List

Att Doc Num	Name
1857219	SELECTED ITEMS REPORT
2287292	FORM 2 SUBMITTED
2287293	WELL LOCATION PLAT
2287294	OTHER
2287295	SURFACE PLAN
2287296	SURFACE AGRMT/SURETY
2287297	OTHER
2287298	DEVIATED DRILLING PLAN
2287299	WAIVERS

Total Attach: 9 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Final review completed.	3/2/2012 8:28:53 AM
Permit	LGD and public comments expire on 2/29/12.	2/29/2012 5:45:03 AM

Total: 2 comment(s)

BMP

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

Total: 0 comment(s)