

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:

400257635

Date Received:

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

PluggingBond SuretyID

20080035

3. Name of Operator: SINGLETREE RESOURCES INC

4. COGCC Operator Number: 10245

5. Address: 521 PROGRESS CIRCLE #1

City: CHEYENNE State: WY Zip: 82007

6. Contact Name: Tony Markve Phone: (307)316-0010 Fax: (307)222-0281

Email: tony@singletreeresources.com

7. Well Name: Haley Smith Well Number: 12-19

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

9. Proposed Total Measured Depth: 5450

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 19 Twp: 11N Rng: 53W Meridian: 6

Latitude: 40.915450 Longitude: -103.341390

Footage at Surface: _____ feet FNL/FSL _____ feet FEL/FWL _____ feet FNL _____ feet FWL

11. Field Name: Amber Field Number: 2400

12. Ground Elevation: 4340 13. County: LOGAN

14. GPS Data:

Date of Measurement: 02/22/2012 PDOP Reading: 2.5 Instrument Operator's Name: R. Gabriel

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: 600 ft

18. Distance to nearest property line: 1 mi 19. Distance to nearest well permitted/completed in the same formation(BHL): 1240 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.)
D Sand	DSND	40		
J Sand	JSND	40		

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):

See attached sheet

25. Distance to Nearest Mineral Lease Line: 900 ft

26. Total Acres in Lease: 11120

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	11	8+5/8	24	0	720	195	720	0
1ST	7+7/8	5+1/2	15.5	0	5,450	240	5,450	4,250

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

33. Comments No conductor casing will be used. Please note that the nearest different property owner is over one mile away.

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: Tony Markve

Title: Engineer Date: _____ Email: tony@singletreeresources.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
400257637	PLAT
400257638	TOPO MAP
400257650	LOCATION PHOTO
400257651	LOCATION PHOTO
400257652	LOCATION PHOTO
400257653	LOCATION PHOTO
400257659	30 DAY NOTICE LETTER
400258252	SURFACE AGRMT/SURETY
400258253	REFERENCE AREA MAP
400258255	LOCATION DRAWING
400258256	ACCESS ROAD MAP
400258257	MINERAL LEASE MAP

Total Attach: 12 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)