

FORM
2

Rev
12/05

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400300228

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

20030063

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: State of Colorado "U" Well Number: #2

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

9. Proposed Total Measured Depth: 8565

WELL LOCATION INFORMATION

10. QtrQtr: NE NW Sec: 30 Twp: 5S Rng: 64W Meridian: 6

Latitude: 39.592810 Longitude: -104.597230

Footage at Surface: 660 feet FNL/FSL FNL 1980 feet FEL/FWL FWL

11. Field Name: Lowry Field Number: 52075

12. Ground Elevation: 5969.2 13. County: ARAPAHOE

14. GPS Data:

Date of Measurement: 10/27/2010 PDOP Reading: 2.7 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: 9900 ft

18. Distance to nearest property line: 9900 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 2961 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.)
Niobrara-Codell	NB-CD		40	NE/4 NW/4

21. Mineral Ownership: Fee State Federal Indian Lease #: 70/8016-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 30, T5S, R64W

25. Distance to Nearest Mineral Lease Line: 660 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: 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	532	375	532	0
1ST	7+7/8	5+1/2	15.5	0	8,613	150	8,613	
S.C. 1.1				0	2,103	400	2,103	

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 and no pits will be required. Form 4 being filed detailing the remedial cement and recompletion procedures. No conductor casing.

34. Location ID: 320691

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 06560 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

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>

Total: 0 comment(s)