

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:

400355962

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

3. Name of Operator: BLACK HILLS PLATEAU PRODUCTION LLC 4. COGCC Operator Number: 10150

5. Address: 1515 WYNKOOP ST STE 500
City: DENVER State: CO Zip: 80202

6. Contact Name: Jessica Donahue Phone: (720)210-1333 Fax: (303)566-3344
Email: Jessica.Donahue@blackhillscorp.com

7. Well Name: Homer Deep Unit Well Number: 9-11AH

8. Unit Name (if appl): Homer Deep Unit Unit Number: COC72921X

9. Proposed Total Measured Depth: 18592

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 9 Twp: 8S Rng: 98W Meridian: 6

Latitude: 39.380250 Longitude: -108.339710

Footage at Surface: 298 feet FNL 367 feet FWL

11. Field Name: South Shale Ridge Field Number: 77760

12. Ground Elevation: 5524 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 05/12/2012 PDOP Reading: 1.9 Instrument Operator's Name: Aaron Grosch

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

Footage at Top of Prod Zone: 1560 FNL 674 FEL 443 FSL 77 FWL
Sec: 8 Twp: 8S Rng: 98W Sec: 15 Twp: 8S Rng: 98W

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: 369 ft

18. Distance to nearest property line: 298 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1348 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.)
Frontier	FRTR			
Mancos	MNCS			
Mesaverde	MVRD			
Mowry	MWRY			
Sego	SEGO			

21. Mineral Ownership: Fee State Federal Indian Lease #: COC012733
A

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):
 T8S R98W: S2SW Sect. 3; SENE, SESW, NESE Sect. 6; Lots 1-3, 5-7 Sect. 6; NENE Sect. 8; NENE, W2, SE Sect. 9; N2NW, NWSW, S2SW Sect. 10;

25. Distance to Nearest Mineral Lease Line: 298 ft 26. Total Acres in Lease: 1198

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
CONDUCTOR	24	20		0	80		80	0
SURF	17+1/2	13+3/8	54.5	0	560	300	560	0
1ST	12+1/4	9+5/8	40	0	5,450	1,405	5,450	200
2ND	6+1/8	4+1/2	11.6	0	18,592	760	18,592	7,009
1ST LINER	8+3/4	7	23	5250	8,176	382	8,176	5,250

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

33. Comments _____

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: Jessica Donahue

Title: Regulatory Technician Date: _____ Email: Jessica.

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	Permit Number: _____	Expiration Date: _____
05	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.

Data retrieval failed for the subreport 'IntPolicy_NTO' located at: W:\inetpub\Net\Reports\policy_nto.rdl. Please check th

Attachment Check List

Att Doc Num	Name
400356216	DIRECTIONAL DATA
400356218	DEVIATED DRILLING PLAN
400356219	DEVIATED DRILLING PLAN
400356220	DRILLING PLAN
400356222	FED. DRILLING PERMIT
400356244	LOCATION DRAWING
400356247	CONST. LAYOUT DRAWINGS
400356249	LOCATION PICTURES

Total Attach: 8 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>
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Total: 0 comment(s)