

FORM
2

Rev
12/05

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

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Date Received:

05/06/2013

PluggingBond SuretyID

20080035

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: 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: State Well Number: A-2

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

9. Proposed Total Measured Depth: 5250

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 34 Twp: 11N Rng: 54W Meridian: 6

Latitude: 40.887520 Longitude: -103.396310

Footage at Surface: 1337 feet FNL/FSL 1302 feet FEL/FWL
FNL FWL

11. Field Name: Little Hoot Field Number: 50600

12. Ground Elevation: 4200 13. County: LOGAN

14. GPS Data:

Date of Measurement: 04/29/2013 PDOP Reading: 2.3 Instrument Operator's Name: J.D. Peterson

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: 1300 ft

18. Distance to nearest property line: 1302 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 2700 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			
J SAND	JSND			

21. Mineral Ownership: ☐ Fee ☒ State ☐ Federal ☐ Indian Lease #: 9158.7

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):

Township 11N, Range 54W, NW/4 of Section 34

25. Distance to Nearest Mineral Lease Line: 1302 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: _____

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	77	60	77	0
1ST	7+7/8	5+1/2	15.5	0	5,250	750	5,250	0

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

33. Comments Well was previously drilled by another operator. Surface casing will be located, wellhead will be welded onto existing surface casing and plugs will be drilled out. Production casing will then be run and the entire annulus from TD to surface will be cemented in order to ensure zonal coverage of the entire well.

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: 5/6/2013 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

05 075 06994 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.

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

Attachment Check List

Att Doc Num	Name
400414229	FORM 2 SUBMITTED
400414252	WELLBORE DIAGRAM
400414255	PLAT
400414263	TOPO MAP
400414269	30 DAY NOTICE LETTER

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Returned to draft. Requested SHL correction and updated distance to nearest well in the same formation.	5/7/2013 12:16:07 PM

Total: 1 comment(s)

BMP

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

Total: 0 comment(s)