

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:

400435747

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

20120125

3. Name of Operator: URSA OPERATING COMPANY LLC

4. COGCC Operator Number: 10447

5. Address: 1050 17TH STREET #2400

City: DENVER State: CO Zip: 80265

6. Contact Name: Shauna Redican Phone: (720)508-8350 Fax: (720)508-8368

Email: sredican@ursaresources.com

7. Well Name: BAT Well Number: 32A-24-07-96

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

9. Proposed Total Measured Depth: 6778

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 24 Twp: 7S Rng: 96W Meridian: 6

Latitude: 39.420711 Longitude: -108.060087

Footage at Surface: 1854 feet FNL/FSL 2039 feet FEL/FWL FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 5183 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 08/05/2010 PDOP Reading: 2.4 Instrument Operator's Name: Scott Aibner

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

Footage at Top of Prod Zone: FNL/FSL 1497 FNL 2019 FEL 1497 FNL 2019 FEL 1497 FNL 2019 FEL 1497
Sec: 24 Twp: 7S Rng: 96W Sec: 24 Twp: 7S Rng: 96W

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: 264 ft

18. Distance to nearest property line: 264 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 275 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.)
WILLIAMS FORK - CAMEO	WFCM	139-31	640	ALL

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 mineral lease map

25. Distance to Nearest Mineral Lease Line: 630 ft

26. Total Acres in Lease: 378

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	20	16	55#	0	60	50	60	0
SURF	12+1/4	8+5/8	24/32#	0	1,977	486	1,977	0
1ST	7+7/8	4+1/2	11.6#	0	6,778	548	6,778	

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

33. Comments A Form 2A Amendment to expand the pad and add additional wells to the location was submitted on 6/13/2013. Spacing order 139-31 unit configuration includes all of Section 24, T7S, R96W excluding Lots 2, 3 & 4. TOP OF CEMENT OF 1ST STRING/PRODUCTION CASING WILL BE >500 FEET ABOVE TOP OF GAS.

34. Location ID: 422301

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: Shauna Redican

Title: Permit Representative Date: _____ Email: sredican@ursaresources.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.

Date retrieval failed for the subreport 'ImpPolicy_MTO' located at: W:\testpub\Net\Report\policy_mto.rdl. Please check th

Attachment Check List

Att Doc Num	Name
400435773	DIRECTIONAL DATA
400435774	MINERAL LEASE MAP
400435776	TOPO MAP
400435778	SURFACE AGRMT/SURETY
400435782	30 DAY NOTICE LETTER
400435784	DEVIATED DRILLING PLAN
400435786	WELL LOCATION PLAT

Total Attach: 7 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)