

State of Colorado
Oil and Gas Conservation Commission

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Date Received:

PluggingBond SuretyID

20120125

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: URSA OPERATING COMPANY LLC 4. COGCC Operator Number: 10447

5. Address: 602 SAWYER STREET #710

City: HOUSTON State: TX Zip: 77007

6. Contact Name: Shauna Redican Phone: (720)508-8350 Fax: (720)508-8368
Email: sredican@ursaresources.com

7. Well Name: BAT Well Number: 33B-24-07-96

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

9. Proposed Total Measured Depth: 6187

WELL LOCATION INFORMATION

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

Latitude: 39.420933

Longitude: -108.060351

			FNL/FSL			FEL/FWL
Footage at Surface:	1937	feet	FSL	1965	feet	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	FEL/FWL	Bottom Hole:				FNL/FSL	FEL/FWL
<u>2305</u>		<u>FSL</u>		<u>1997</u>	<u>FEL</u>	<u>2305</u>		<u>FSL</u>		<u>1997</u>	<u>FEL</u>
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: 232 ft

18. Distance to nearest property line: 282 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 309 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: 968 ft

26. Total Acres in Lease: 387

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	1,818	451	1,818	0
1ST	7+7/8	4+1/2	11.6	0	6,187	548	6,187	

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 'IntPolicy_MTC' located at: W:\testpub\Net\Report\policy_mtc.rpt. Please check th

Attachment Check List

Att Doc Num	Name
400435607	MINERAL LEASE MAP
400435608	SURFACE AGRMT/SURETY
400435609	30 DAY NOTICE LETTER
400435610	WELL LOCATION PLAT
400435611	DEVIATED DRILLING PLAN
400435612	DIRECTIONAL DATA

Total Attach: 6 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)