

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:

400451885

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: 41C-19-07-95

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

9. Proposed Total Measured Depth: 6571

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 18 Twp: 7S Rng: 95W Meridian: 6

Latitude: 39.431188 Longitude: -108.033247

Footage at Surface: 278 feet FNL/FSL FSL 824 feet FEL/FWL FEL

11. Field Name: Parachute Field Number: 67350

12. Ground Elevation: 5441 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 09/17/2010 PDOP Reading: 3.0 Instrument Operator's Name: Kyle Tesky

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

Footage at Top of Prod Zone: FNL/FSL 774 FNL 634 FEL FEL Bottom Hole: FNL/FSL 774 FNL 634 FEL FEL
Sec: 19 Twp: 7S Rng: 95W Sec: 19 Twp: 7S Rng: 95W

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: 385 ft

18. Distance to nearest property line: 509 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 301 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 | 440-45 | 320 | N2 |

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: 545 ft 26. Total Acres in Lease: 42

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 | 16 | 55 | 0 | 60 | 112 | 60 | 0 |
| SURF | 12+1/4 | 8+5/8 | 24/32 | 0 | 1,753 | 436 | 1,753 | 0 |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 548 | 6,571 | 548 | |

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

33. Comments I certify that all conditions in the original permit are the same except the SHL, BHL, updated casing and cement program, etc. There have been no other changes to land use, well construction or the lease. This Refile Form 2 does not require a Form 2A because the pad is anticipated to be constructed per the approved Form 2A in September 2013. A closed loop system is being used so no pits need to be constructed, the refilled well will not require any expansion / additional surface disturbance of the pad. The location is not in a wildlife restricted surface occupancy area (RSO); consultation with CDOW is not required and the location does not require a variance from any of the rules listed in Rule 306.d.(1).(A).(ii).; consultation with CDPHE is not required. First String/Production TOC will be >200 feet above Top of Gas. NOTE: Ursa Operating Company (applicant) is the surface owner of the SESE of Section 18-T7S-R95W and a portion of the N2NENE of Section 19-T7S-R95W, where the subject well pad will be located.

34. Location ID: 422286

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 |
|-----------------|
| 05 045 20538 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_NTC' located at: W:\Instrub\Net\Report\policy_ntc.rdl. Please check the

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------------|
| 400451906 | DEVIATED DRILLING PLAN |
| 400451907 | DIRECTIONAL DATA |
| 400456095 | MINERAL LEASE MAP |
| 400456099 | PLAT |

Total Attach: 4 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> |
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