



FOR OGCC USE ONLY

State of Colorado
Oil and Gas Conservation Commission
DEPARTMENT OF NATURAL RESOURCES

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JUL 23 1999

1 a. TYPE OF WORK
 Drill, Deepen, Re-enter, Recomplete and Operate

1 b. TYPE OF WELL
 OIL GAS COAL BED OTHER: _____ Refilling
 SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONES Side Track

ET OE PR ES

2. OGCC Operator Number: **41385** 4. Contact Name & Phone: **Elaine Rivas**

3. Name of Operator: **HS Resources, Inc.**

4. Address: **3939 Carson Avenue** No: **970-330-0614** APD Original & 2 Copies Oper OGCC
 City: **Evans** State: **CO** Zip: **80620** Fax: **970-330-0431** Form 2A (Reclamation) & 1 Copy

6. Well Name: **HSR-BLACKFORD** Well Number: **1-26A** Permit Fee (\$0)

7. Unit Name (if Appl.): _____ Unit No: _____ Well Location Plat

8. Objective formation: **J Sand** Formation Code: **JSND** Copy of Topo Map

9. Proposed Total Depth: **8050'** Plugging Surety

10. QtrQtr: **NENE** Sec: **26** Twn: **3N** Rng: **66W** Meridian: **6th** Mineral Lease Map

11. Footage From Exterior Section Lines (if directional, submit drilling plan): Request for Exception Location
 At Surface: **660' FNL & 601' FEL** Exception Location Waivers
 If directional, at Top Proposed Prod. Zone: **same** H2S Contingency Plan
 If directional, at Bottom Hole: **same** Federal Drilling Permit (1 Set)

12. Ground Elevation: **5010'** 13. County: **Weld** Notices of Allocation

14. Field Name: **Wattenberg** Field Number: **90750** Made surface owner consultation Sent Complete Permit Package to County 7/16/99

WELL LOCATION INFORMATION

LEASE, SPACING, AND POOLING INFORMATION

15. Spacing Order #(s): **318A 232** 16. # Acres in Unit: **320** 17. Unit Description: **E/2**

18. Mineral Ownership: Fee State Federal Indian Lease #: _____
 19. Surface Ownership: Fee State Federal Indian

Is the Surface Owner also the Mineral Owner?: Yes No

If No: _____ Surface Owners Agreement Attached or _____ \$25,000 Blanket Bond _____ \$2,000 Bond _____ \$5,000 Bond

20. Total Acres in Lease: **560** 21. Describe Entire Lease by QtrQtr, Sec, Twp, Rng (attach separate sheet/map if required):
W/2 Sec 30, all sec 31-T3N-R65W, E/2 Sec 26-T3N-R66W

22. Is location in a high density area (Rule 603b)? No Yes

23. Distance to nearest Lease Line: **601'** 24. Distance to nearest Property Line: **660'**

25. Distance to nearest well completed in the same Formation: **1400'**

26. Distance to nearest building, public road, major above ground utility or railroad: **3600'**

** The use of an earthen pit for recompletion fluids requires a pit permit (Rule 905b).

DRILLING PLANS AND PROCEDURES

27. Approx. Spud Date: **8/11/99** * IF Air/Gas Drilling, Notify Local Fire Officials

28. Drilling Contractor Number: _____ Name: **Key Rocky Mtn** Phone #: **307-237-7959**

29. Is H₂S Anticipated: No Yes If yes, attach contingency plan.

30. Will salt (>15,000 ppm TDS Cl) or oil based muds be used during drilling? No Yes

31. Will salt sections be encountered during drilling? No Yes

32. If questions 30 or 31 are yes, is this location in a sensitive area (Rule 903)? No Yes

33. Mud disposal: _____ Offsite _____ Onsite _____
 Method: _____ Land Farming _____ Land Spreading _____ Disposal Facility _____ Other: _____

CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Sks Cement	Cement Bottom	Cement Top
12-1/4"	8-5/8"	24#	745'	480	745'	surface
7-7/8"	4-1/2"	11.6#	7585'	160	7585'	6590'
3-7/8"	2-7/8"	6.5#	8050'	25	8050'	
Stage Tool						

35. BOP Equipment: Annular Preventor Double Ram Rotating Head None

36. Comments, if any: **Interest is not common Intend to deepen to J Sand and commingle with NB-CD**

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: **Fred J. Clausen**

Signed: _____ Title: **Drilling Manager** Date: **7/21/99**

OGCC Approved: _____ Director of COGCC Date: **AUG 05 1999**

API NUMBER
05-123 14663 00

Permit Number: **99 543** Expiration Date: **AUG 04 2000**

CONDITIONS OF APPROVAL, IF ANY: