

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



FOR OGCC USE ONLY
00244572
JUN 2 1997
COLO. OIL & GAS CONS. COMM

1 a. TYPE OF WORK **APPLICATION FOR PERMIT TO:**
 Drill, Deepen, Re-enter, Recomplete and Operate

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

| | | | |
|----|----|---|----|
| ET | FE | U | SE |
|----|----|---|----|

Complete the Attachment Checklist

| | | | | |
|--|--|--|----------------|--------------|
| 2. OGCC Operator Number: 63270 | 4. Contact Name & Phone Jim Williams | | Oper | OGCC |
| 3. Name of Operator: Nielson & Associates, Inc. | No: 307/587-2445 | APD Original & 2 Copies | XX | |
| 4. Address: P.O. Box 2850 | Fax: 307/527-4943 | Form 2A (Reclamation) & 1 Copy | N/A | 13 pt |
| City: Cody State: WY Zip: 82414 | Well Number: #1 | Permit Fee (\$50) | X | |
| 6. Well Name: French Woman | Unit No: N/A | Well Location Plat | X | |
| 7. Unit Name (if Appl.): N/A | Formation Code: CSPR | Copy of Topo Map | X | |
| 8. Unit Name (if Appl.): N/A Casper | | Plugging Surety | on file | |
| 9. Proposed Total Depth: 1500' | | Mineral Lease Map | | |
| | | Surface Agreement/Surety | on file | |
| | | Pit Permit (Form 15) | | |
| | | Deviated Drilling Plan | | |
| | | Request for Exception Location | | |
| | | Exception Location Waivers | | |
| | | H2S Contingency Plan | | |
| | | Federal Drilling Permit (1 Set) | X | |
| | | Notices of Allocation | | |
| | | Sent Complete Permit Package to County | X | |

WELL LOCATION INFORMATION

| | |
|---|----------------------------|
| 10. QtrQtr: SW NE Sec. 15, T11N - R76W | |
| 11. Footage From Exterior Section Lines (if directional, submit drilling plan): At Surface: 2288' FNL and 1357' FEL If directional, at Top Proposed Prod. Zone: N/A If directional, at Bottom Hole: N/A | |
| 12. Ground Elevation: 8555' | 13. County: Larimer |
| 14. Field Name: Wildcat | Field Number: 99999 |

LEASE, SPACING, AND POOLING INFORMATION

| | | |
|--|--|--|
| 15. Spacing Order #(s): | 16. # Acres in Unit: | 17. Unit Description |
| 18. Mineral Ownership: <input type="checkbox"/> Fee <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal | | <input type="checkbox"/> Indian Lease #: |
| 19. Surface Ownership: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal | | <input type="checkbox"/> Indian |
| Is the Surface Owner also the Mineral Owner?: No | | |
| If No: <input type="checkbox"/> Surface Owners Agreement Attached or <input checked="" type="checkbox"/> \$25,000 Blanket Bond <input type="checkbox"/> \$2,000 Bond <input type="checkbox"/> \$5,000 Bond | | |
| 20. Total Acres in Lease: 640 | 21. Describe Entire Lease by QtrQtr, Sec, Twp, Rng (attach separate sheet/map if required): T11N - R76W Sec. 15: All | |
| 22. Is location in a high density area (Rule 603b)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 23. Distance to nearest Lease Line: 1357' | 24. Distance to nearest Property Line 1357' | |
| 25. Distance to nearest well completed in the same Formation: none | | |
| 26. Distance to nearest building, public road, major above ground utility or railroad: none | | |
| ** The use of an earthen pit for recompletion fluids requires a pit permit (Rule 905b). | | |

DRILLING PLANS AND PROCEDURES

| | | |
|---|--|----------|
| 27. Approx. Spud Date: July - August, 1997 | * IF Air/Gas Drilling, Notify Local Fire Officials | |
| 28. Drilling Contractor Number: | Name: To be determined | Phone #: |
| 29. Is H2S Anticipated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | If yes, attach contingency plan. | |
| 30. Will salt (>15,000 ppm TDS Cl) or oil based muds be used during drilling? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 31. Will salt sections be encountered during drilling? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 32. If questions 30 or 31 are yes, is this location in a sensitive area (Rule 903)? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 33. Mud disposal: <input checked="" type="checkbox"/> Offsite <input type="checkbox"/> Onsite | | |
| Method: <input type="checkbox"/> Land Farming <input type="checkbox"/> Land Spreading <input checked="" type="checkbox"/> Disposal Facility <input type="checkbox"/> Other: | | |

| 34 CASING AND CEMENTING PROGRAM | | | | | | |
|---------------------------------|----------------|-----------------|---------------|-------------|---------------|------------|
| Size of Hole | Size of Casing | Weight per Foot | Setting Depth | Skcs Cement | Cement Bottom | Cement Top |
| 12-1/4" | 8-5/8" | 24# | 125' | 90 sacks | 125' | Surface |
| 7-7/8" | 5-1/2" | 14# | 1500' | 90 sacks | 1500' | 850' |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

35. BOP Equipment: Annular Preventor Double Ram Rotating Head None **2000 psi**

36. Comments, if any: **Confidential Request**

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

Print Name: **Lisa L. Smith**
Signed: *[Signature]* Title: **Consultant for Nielson & Associates** Date: **5/30/97**

OGCC Approved: *[Signature]* Director of COGCC Date: **JUN 09 1997**

Permit Number: **97-397** Expiration Date: **JUN 08 1998**

CONDITIONS OF APPROVAL, IF ANY: **North Park**

Provide 24 hour notice of MIRU to Dave Shelton at 303-894-2100 ext 108. If production casing is set use sufficient cement to cover any zone capable of producing fluids. If dry hole, set 40 sks cement above Casper sand, 40 sks cement above any other water or hydrocarbon bearing zone encountered, 40 sks cement 1/2 out, 1/2 in 8 5/8" casing, 10 sks cement at top of 8 5/8", cut 4' below GL, weld plate.