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OIL & GAS CONS. COM.

ET ☒ OE ☐ PR ☐ ES ☐

APPLICATION FOR PERMIT TO:

1 a. TYPE OF WORK

☐ Drill, ☐ Deepen, ☒ Re-enter, ☐ Recomplete and Operate

1 b. TYPE OF WELL

OIL ☐ GAS ☒ COAL BED ☐ OTHER: ☐
SINGLE ZONE ☒ MULTIPLE ZONE ☐ COMMINGLE ZONES ☐

Refiling ☐
SideTrack ☐

2. OGCC Operator Number: 34162
3. Name of Operator: Gils Hot Oil Service
4. Address: P.O. Box 145
City: Byers State: Co Zip: 80103
5. Contact Name & Phone: Gilbert Paine
No: 303-622-9751
6. Well Name: State of Colo. C. NCT-1 Well Number: 1
7. Unit Name (If Appl.): Unit No:
8. Objective Formation(s): Dakota Formation Code: DKTA
9. Proposed Total Depth: 2016

Complete the
Attachment Checklist

	Op	OGCC
APD Original & 2 Copies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 2A (Reclamation) & 1 Copy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Permit Fee (\$200)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Well Location Plat	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Topo Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Plugging Surety	<input type="checkbox"/>	<input type="checkbox"/>
Mineral Lease Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Surface Agreement/Surety	<input type="checkbox"/>	<input type="checkbox"/>
Pit Permit (Form 15)	<input type="checkbox"/>	<input type="checkbox"/>
Deviated Drilling Plan	<input type="checkbox"/>	<input type="checkbox"/>
Request for Exception Location	<input type="checkbox"/>	<input type="checkbox"/>
Exception Location Waivers	<input type="checkbox"/>	<input type="checkbox"/>
H2S Contingency Plan	<input type="checkbox"/>	<input type="checkbox"/>
Federal Drilling Permit (1 Set)	<input type="checkbox"/>	<input type="checkbox"/>
Notices of Allocation	<input type="checkbox"/>	<input type="checkbox"/>
Sent Complete Permit Package to County	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL LOCATION INFORMATION

10. QtrQtr: NW NE Sec: 11 Twp: 9N Rng: 78W Meridian: 6th PM
11. Footage From Exterior Section Lines (if directional, submit drilling plan): 1996 FEL 665 FNL
At Surface: 1996 FEL 665 FNL
if directional, at Top Proposed Prod. Zone:
If directional, at Bottom Hole:
12. Ground Elevation: 8078 13. County: Jackson
14. Field Name: Canadian River Field Number: 10100

LEASE, SPACING, AND POOLING INFORMATION

15. Spacing Order #(s): 96 16. # Acres in Unit: 17. Unit Description:
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: 80 21. Describe Entire Lease by QtrQtr, Sec, Twp, Rng (attach separate sheet/map if required):
N 1/2 NE Sec. 11-9N-78W
22. Is location in a high density area (Rule 603b)? ☒ No ☐ Yes
23. Distance to nearest Lease Line: 663' 24. Distance to nearest Property Line: 663'
25. Distance to nearest well completed in the same Formation: 2420' P&A'd
26. Distance to nearest building, public road, major above ground utility or railroad: 1 mile
** The use of an earthen pit for recompletion fluids requires a pit permit (Rule 905b).

DRILLING PLANS AND PROCEDURES

27. Approx. Spud Date: 10-10-98 * If Air/Gas Drilling, Notify Local Fire Officials
28. Drilling Contractor Number: 34162 Name: Gils Hot Oil Service Phone #: 303-622-9751
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
	8 5/8	24#	339	268	339'	Surface
	4 1/2	9.5#	2127	180	2127	1484
Stage Tool						

35. BOP Equipment: ☒ Annular Preventor ☐ Double Ram ☐ Rotating Head ☐ None
36. Comments, if any:

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

Print Name: Gilbert Paine

Signed: Gilbert Paine Title: President Date: 9-21-98

OGCC Approved: [Signature]

Director of COGCC

Date: OCT 15 1998

API NUMBER

05-057-05086-1

Permit Number: 98-921

Expiration Date: OCT 14 1999

CONDITIONS OF APPROVAL, IF ANY:

Huston

PROVIDE 24 HR NOTICE OF MUR TO DAVE SHELTON 303-894-2100
X 108