

FORM
2

Rev
05/22

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:

403357736

(SUBMITTED)

Date Received:

04/20/2023

APPLICATION FOR PERMIT TO

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

Amend ☐

TYPE OF WELL OIL ☐ GAS ☒ COALBED ☐ OTHER: Helium

Refill ☐

ZONE TYPE SINGLE ZONE ☒ MULTIPLE ZONES ☐ COMMINGLE ZONES ☐

Sidetrack ☐

Well Name: Red Rocks

Well Number: 35-11

Name of Operator: DESERT EAGLE OPERATING LLC

COGCC Operator Number: 10797

Address: 17101 PRESTON RD SUITE 105

City: DALLAS

State: TX

Zip: 75248

Contact Name: Wesley Marshall

Phone: (214)886-5098

Fax: ()

Email: wmarshall@prohelium.com

FINANCIAL ASSURANCE FOR PLUGGING, ABANDONMENT, AND RECLAMATION

COGCC Financial Assurance

☒ The Operator has provided or will provide Financial Assurance to the COGCC for this Well.

Surety ID Number (if applicable):

Federal Financial Assurance

☐ In checking this box, the Operator certifies that it has provided or will provide at least this amount of Financial Assurance to the federal government for this Well. (Per Rule702.a.)

Amount of Federal Financial Assurance \$

WELL LOCATION INFORMATION

Surface Location

QtrQtr: SENW Sec: 35 Twp: 29S Rng: 55W Meridian: 6

FNL/FSL

FEL/FWL

Footage at Surface: 2367 Feet FNL 1566 Feet FWL

Latitude: 37.475295

Longitude: -103.546960

GPS Data:

GPS Quality Value: 1.1

Type of GPS Quality Value: PDOP

Date of Measurement: 07/09/2022

Ground Elevation: 5540

Field Name:

Field Number:

Well Plan: is ☐ Directional ☐ Horizontal (highly deviated) ☒ Vertical

If Well plan is Directional or Horizontal attach Deviated Drilling Plan and Directional Data.

Subsurface Locations

Top of Productive Zone (TPZ)

Sec: Twp: Rng:

Footage at TPZ:

Measured Depth of TPZ:

True Vertical Depth of TPZ:

FNL/FSL

FEL/FWL

Base of Productive Zone (BPZ)

Sec: _____ Twp: _____ Rng: _____ Footage at BPZ: _____

Measured Depth of BPZ: _____ True Vertical Depth of BPZ: _____ FNL/FSL _____ FEL/FWL _____

Bottom Hole Location (BHL)

Sec: _____ Twp: _____ Rng: _____ Footage at BHL: _____

FNL/FSL _____ FEL/FWL _____

LOCAL GOVERNMENT PERMITTING INFORMATIONCounty: LAS ANIMAS Municipality: N/A

Is the Surface Location of this Well in an area designated as one of State interest and subject to the requirements of §

24-65.1-108 C.R.S.? No

Per § 34-60-106(1)(f)(I)(A) C.R.S., the following questions pertain to the Relevant Local Government approval of the siting of the proposed Oil and Gas Location.

SB 19-181 provides that when "applying for a permit to drill," operators must include proof that they sought a local government siting permit and the disposition of that permit application, or that the local government does not have siting regulations. § 34-60-106(1)(f)(I)(A) C.R.S.

Does the Relevant Local Government regulate the siting of Oil and Gas Locations, with respect to this Location? ☐ Yes ☒ No☐ If yes, in checking this box, I hereby certify that an application has been filed with the local government with jurisdiction to approve the siting of the proposed oil and gas location.The disposition of the application filed with the Relevant Local Government is: Approved Date of Final Disposition: 04/18/2023Comments: Final Las Animas County application approval was received from Robert Lucero, Land Officer with Las Animas County, on April 18, 2023.**SURFACE AND MINERAL OWNERSHIP AT WELL'S OIL & GAS LOCATION**Surface Owner of the land at this Well's Oil and Gas Location: ☒ Fee ☐ State ☐ Federal ☐ IndianMineral Owner beneath this Well's Oil and Gas Location: ☒ Fee ☐ State ☐ Federal ☐ Indian

Surface Owner Protection Bond (if applicable): _____ Surety ID Number (if applicable): _____

MINERALS DEVELOPED BY WELL

The ownership of all the minerals that will be developed by this Well is (check all that apply):

☒ Fee☐ State☐ Federal☐ Indian☐ N/A

LEASE INFORMATION

Using standard QtrQtr, Section, Township, Range format describe one entire mineral lease as follows:

* If this Well is within a unit, describe a lease that will be developed by the Well.

* If this Well is not subject to a unit, describe the lease that will be produced by the Well.

(Attach a Lease Map or Lease Description or Lease if necessary.)

Shown on Mineral lease as T29S R55W Section 35: E2W2, E2
480 gross acres

Shown on Mineral lease as T30S R55W Section 1: E2,N2NW4
400 gross acres

Total Acres in Described Lease: 880

Described Mineral Lease is: ☒ Fee ☐ State ☐ Federal ☐ Indian

Federal or State Lease # _____

SAFETY SETBACK INFORMATION

Distance from Well to nearest:

Building: 5280 Feet
Building Unit: 5280 Feet
Public Road: 1000 Feet
Above Ground Utility: 5280 Feet
Railroad: 5280 Feet
Property Line: 2230 Feet

INSTRUCTIONS:

- Specify all distances per Rule 308.b.(1).
- Enter 5280 for distance greater than 1 mile.
- Building - nearest building of any type. If nearest Building is a Building Unit, enter same distance for both.
- Building Unit – as defined in 100 Series Rules.

OBJECTIVE FORMATIONS

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
LYONS	LYNS			

Federal or State Unit Name (if appl): _____ Unit Number: _____

SUBSURFACE MINERAL SETBACKS

Enter 5280 for distance greater than 1 mile.

Is this Well within a unit? No

If YES:

Enter the minimum distance from the Completed Zone of this Well to the Unit Boundary: _____ Feet

Enter the minimum distance from the Completed Zone of this Well to the Completed Zone of an offset Well within the same unit permitted or completed in the same formation: _____ Feet

If NO:

Enter the minimum distance from the Completed Zone of this Well to the Lease Line of the described lease: 1566 Feet

Enter the minimum distance from the Completed Zone of this Well to the Completed Zone of an offset Well producing from the same lease and permitted or completed in the same formation: 1377 Feet

Exception Location

☐ If this Well requires the approval of a Rule 401.c Exception Location, enter the Rule or spacing order number and attach the Exception Location Request and Waivers. _____

SPACING & FORMATIONS COMMENTS

The distance to the nearest well producing from the same lease and permitted in the same formation is the Desert Eagle Operating's Red Rocks 35-15.

DRILLING PROGRAM

Proposed Total Measured Depth: 1800 Feet

TVD at Proposed Total Measured Depth 1800 Feet

Distance from the proposed wellbore to nearest existing or proposed wellbore belonging to another operator, including plugged wells:

Enter distance if less than or equal to 1,500 feet: _____ Feet ☒ No well belonging to another operator within 1,500 feet

Will a closed-loop drilling system be used? Yes

Is H₂S gas reasonably expected to be encountered during drilling operations at concentrations greater than

or equal to 100 ppm? No If yes, attach an H₂S Drilling Plan unless a plan was already submitted with the Form 2A per Rule 304.c.(10).

Will there be hydraulic fracture treatment at a depth less than 2,000 feet in this well? No

Will salt sections be encountered during drilling? No

Will salt based (>15,000 ppm Cl) drilling fluids be used? No

Will oil based drilling fluids be used? No

BOP Equipment Type: ☒ Annular Preventor ☐ Double Ram ☐ Rotating Head ☐ None

Beneficial reuse or land application plan submitted? _____

Reuse Facility ID: _____ or Document Number: _____

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>
CONDUCTOR	24	20	J-55	94	0	40	28	40	0
SURF	16	13+3/8	J-55	48	0	1050	315	1050	0
1ST	7+7/8	5+1/2	J-55	14	0	1800	223	1800	0

POTENTIAL FLOW AND CONFINING FORMATIONS

<u>Zone Type</u>	<u>Formation /Hazard</u>	<u>Top M.D.</u>	<u>Top T.V.D.</u>	<u>Bottom M.D.</u>	<u>Bottom T.V.D.</u>	<u>TDS (mg/L)</u>	<u>Data Source</u>	<u>Comment</u>
Groundwater	Dakota Purgatory	0	0	220	220	501-1000	Other	Red Rocks 1-13 and 35-15 encountered no groundwater in this zone.Likelihood of finding water is low, DWR, CGS, Surface Owner
Confining Layer	Morrison	220	220	520	520			Shale, limestone, sand, Red Rocks 1-13 and 35-15 encountered no groundwater in this zone.
Confining Layer	Entrada	520	520	800	800			Sand, shale. Red Rocks 1-13 and 35-15 encountered no groundwater in this zone.
Confining Layer	Lykins/Blaine	800	800	1070	1070			Shales, silts, dolomites, anhydrites with minor sandstone.
Hydrocarbon	Lyons	1070	1070	1350	1350			Sand with helium, nitrogen, and carbon dioxide gasses. No hydrocarbons in this formation.
Groundwater	Fountain	1350	1350	1690	1690	>10000	Other	Sandstone, silt, shale as seen in the Texaco Cynthia True well and Phillips Denton B1. No data exists to indicate groundwater encountered in this zone.
Groundwater	Basement	1690	1690	1800	1800	>10000	Other	sand, shale, silt. No water data for this zone.

Comments	<p>This well is a single exploratory conventional vertical helium gas well. The well will be air drilled. There will be no drilling mud, hydraulic fracturing, stimulation, or flowback. The well is not expected to produce hydrocarbons or water based on results from wells already drilled in this area.</p> <p>There will be no anticipated cut or fill needed to support well drilling. Minimal topsoil will be disturbed. Topsoil will be stockpiled on the location and will be restored on the reclaimed area. Drill cuttings from the well will be handled in accordance with Rule 905.e. They will be placed temporarily in a lined, bermed trench area on the working pad surface..</p> <p>A synthetic liner will be placed under the drill rig to capture incidental leaks or drips.</p> <p>There will be no hydrocarbon-based waste to reuse or recycle. Salvaged topsoil will be stored and reused on site.</p> <p>Production casing will only be used if water or an unconsolidated sandstone is encountered.</p>
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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Wesley Marshall

Title: Principal Date: 4/20/2023 Email: wmarshall@prohelium.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules, applicable orders, and SB 19-181 and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____
Expiration Date: _____

API NUMBER

05

Conditions Of Approval

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.

COA Type

Description

0 COA	
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Best Management Practices

No BMP/COA Type

Description

1	Drilling/Completion Operations	A CBL/GR log will be run in the 13-3/8" casing from 1050 to surface.
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Total: 1 comment(s)

Attachment List

Att Doc Num

Name

403357737	WELL LOCATION PLAT
403379836	WELBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)