



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 INFORMATION**

County: WASHINGTON 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: \_\_\_\_\_ Date of Final Disposition: \_\_\_\_\_

Comments: \_\_\_\_\_

**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  Indian

Mineral 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.)

No minerals will be developed by this well

Total Acres in Described Lease: 0 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: 1553 Feet  
 Above Ground Utility: 5280 Feet  
 Railroad: 5280 Feet  
 Property Line: 201 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: 201 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: 5280 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**

This well is a proposed Class II UIC injection well.

**DRILLING PROGRAM**Proposed Total Measured Depth: 5500 Feet TVD at Proposed Total Measured Depth 5500 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: 845 Feet  No well belonging to another operator within 1,500 feetWill a closed-loop drilling system be used? YesIs H<sub>2</sub>S gas reasonably expected to be encountered during drilling operations at concentrations greater than or equal to 100 ppm? No If yes, attach an H<sub>2</sub>S 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? NoWill salt sections be encountered during drilling? NoWill salt based (>15,000 ppm Cl) drilling fluids be used? NoWill oil based drilling fluids be used? NoBOP Equipment Type:  Annular Preventor  Double Ram  Rotating Head  NoneBeneficial reuse or land application plan submitted? No

Reuse Facility ID: \_\_\_\_\_ or Document Number: \_\_\_\_\_

**CASING PROGRAM**

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	12+1/4	8+5/8	J-55	24	0	450	300	450	0
1ST	7+7/8	5+1/2	J-55	15.5	0	5500	250	5500	2839

 Conductor Casing is NOT planned**POTENTIAL FLOW AND CONFINING FORMATIONS**

Zone Type	Formation /Hazard	Top M.D.	Top T.V.D.	Bottom M.D.	Bottom T.V.D.	TDS (mg/L)	Data Source	Comment
Groundwater	Ogallala	0	0	271	271	0-500	Groundwater Atlas	TDS and groundwater sampling are from groundwater samples on COGCC site.
Confining Layer	Pierre	271	271	3039	3039			
Hydrocarbon	Niobrara	3039	3039	3460	3460			
Confining Layer	Ft. Hays	3460	3460	3510	3510			
Confining Layer	Carlile Shale	3510	3510	3635	3635			
Confining Layer	Greenhorn	3635	3635	3685	3685			
Confining Layer	Bentonite	3685	3685	3885	3885			
Hydrocarbon	D Sand	3885	3885	3985	3985			
Disposal	Lyons	5180	5180	5500	5500			

**OPERATOR COMMENTS AND SUBMITTAL**Comments This application is in a Comprehensive Area Plan No CAP #: \_\_\_\_\_

Oil and Gas Development Plan Name \_\_\_\_\_ OGDID #: \_\_\_\_\_

Location ID: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Jessica Donahue

Title: Compliance Specialist Date: 12/7/2024 Email: jdonahue@ardorenvironmental.

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

ECMC Approved: \_\_\_\_\_ Director of ECMC Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

<b>API NUMBER</b>
05

### **CONDITIONS OF APPROVAL, IF ANY LIST**

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.

<b><u>COA Type</u></b>	<b><u>Description</u></b>
0 COA	

### **Best Management Practices**

<b><u>No BMP/COA Type</u></b>	<b><u>Description</u></b>
1 Drilling/Completion Operations	Open-hole resistivity log with gamma-ray log will be run from TD into the surface casing. A cement bond log with gamma-ray will be run on production casing, or on intermediate casing if a production liner is run. The Form 5, Completion Report, will list all logs run and have those logs attached.

Total: 1 comment(s)

### **ATTACHMENT LIST**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
404015971	OffsetWellEvaluations Data
404015973	WELL LOCATION PLAT

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
		Stamp Upon Approval

Total: 0 comment(s)