

FORM

2

Rev
12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

1808678

Plugging Bond Surety

APPLICATION FOR PERMIT TO:

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

2. TYPE OF WELL

OIL ☐ GAS ☐ COALBED ☒ OTHER _____SINGLE ZONE ☒ MULTIPLE ZONE ☐ COMMINGLE ZONE ☐Refiling ☒Sidetrack ☐

3. Name of Operator: SAMSON RESOURCES COMPANY

4. COGCC Operator Number: 76104

5. Address: TWO WEST SECOND ST

City: TULSA State: OK Zip: 74103

6. Contact Name: JULIE DOSSEY Phone: (970)382-0027 Fax: (970)382-0290

Email: JDOSSEY@TIMBERLINELAND.COM

7. Well Name: SOUTHERN UTE 32-7-9

Well Number: 6

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 3474

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 9 Twp: 32N Rng: 7W Meridian: N

Latitude: 37.027240 Longitude: -107.612510

FNL/FSL

FEL/FWL

Footage at Surface: 1118 FSL 2184 FEL

11. Field Name: IGNACIO BLANCO

Field Number: 38300

12. Ground Elevation: 6242

13. County: LA PLATA

14. GPS Data:

Date of Measurement: 06/27/2006 PDOP Reading: 3.0 Instrument Operator's Name: SCOTT WIEBE

15. If well is ☒ Directional ☐ Horizontal (highly deviated) submit deviated drilling plan.

Footage at Top of Prod Zone: FNL/FSL FEL/FWL Bottom Hole: FNL/FSL FEL/FWL

1473 FSL 1273 FEL 1560 FSL 1050 FEL

Sec: _____ Twp: _____ Rng: _____ Sec: 9 Twp: 32N Rng: 7W

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

17. Distance to the nearest building, public road, above ground utility or railroad: 528

18. Distance to nearest property line: 528 19. Distance to nearest well permitted/completed in the same formation: 1320

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
FRUITLAND COAL	FRLDC	112-181	320	S2

21. Mineral Ownership: ☐ Fee ☐ State ☐ Federal ☒ Indian Lease #: 14-20-151-39

22. Surface Ownership: ☐ Fee ☐ State ☐ Federal ☒ Indian

23. Is the Surface Owner also the Mineral Owner? ☒ Yes ☐ No Surface Surety ID#:

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? ☒ Yes ☐ No

23b. If 23 is No ☐ Surface Owners Agreement Attached or ☐ \$25,000 Blanket Surface Bon ☐ \$2,000 Surface Bond ☐ \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
LEASE IS ATTACHED

25. Distance to Nearest Mineral Lease Line: 1050 26. Total Acres in Lease: 80

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? ☐ Yes ☒ No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? ☐ Yes ☒ No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? ☐ Yes ☒ No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? ☐ Yes ☒ No If 28, 29, or 30 are "Yes" a pit permit may be required.

31. Mud disposal: ☐ Offsite ☒ Onsite

Method: ☐ Land Farming ☐ Land Spreading ☐ Disposal Facility Other: EVAPORATIVE RESERVE

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24	350	220	350	0
1ST	7+7/8	5+1/2	17	3,474	570	3,473	0

32. BOP Equipment Type: ☒ Annular Preventer ☒ Double Ram ☒ Rotating Head ☐ None

33. Comments ALL CONDITIONS REMAIN THE SAME SA PER THE ORIGINAL SUBMITTAL. NO CONDUCTOR CASING WILL BE USED FOR THIS WELL.

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan ? ☐ Yes ☒ No

36. Is this application part of submitted Oil and Gas Location Assessment ? ☐ Yes ☒ No

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

Signed: _____ Print Name: JULIE DOSSEY

Title: PERMITTING AGENT Date: _____ Email: JDOSSEY@TIMBERLINELAN

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

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER 05 067 09248 00	Permit Number: _____ Expiration Date: _____
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CONDITIONS OF APPROVAL, IF ANY: _____

Attachment Check List

Att Doc Num	Name	Doc Description
1808678	APD ORIGINAL	LF@2170392 1808678

Total Attach: 1 Files