

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



DE ET OE ES

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

Document Number:
400062136
Plugging Bond Surety
20100082

3. Name of Operator: SLAWSON EXPLORATION COMPANY INC 4. COGCC Operator Number: 10334

5. Address: 1675 BROADWAY - SUITE 1600
City: DENVER State: CO Zip: 80202

6. Contact Name: Terry Hoffman Phone: (303)250-0619 Fax: (303)412-8212
Email: tlhoffman@q.com

7. Well Name: Mousetrap Well Number: 36-11-66

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

9. Proposed Total Measured Depth: 12233

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 36 Twp: 11N Rng: 66W Meridian: 6
Latitude: 40.871790 Longitude: -104.717270

Footage at Surface: 605 FNL/FSL FSL 605 FEL/FWL FEL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 5515 13. County: WELD

14. GPS Data:

Date of Measurement: 04/14/2010 PDOP Reading: 2.7 Instrument Operator's Name: Daniel King

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

Footage at Top of Prod Zone: FNL/FSL 1055 FSL 760 FEL 760 FEL 760 Bottom Hole: FNL/FSL 650 FNL 1990 FEL 1990
Sec: 36 Twp: 11N Rng: 66W Sec: 36 Twp: 11N Rng: 66W

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: 605 ft

18. Distance to nearest property line: 605 ft 19. Distance to nearest well permitted/completed in the same formation: 5280 ft

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.)
Hygiene	HYGN			
Niobrara	NBRR		640	
Parkman	PRKM			
Richard	RCRD			
Shannon Sandstone	SNSD			
Sussex	SUSX			

21. Mineral Ownership: Fee State Federal Indian Lease #: 8739.5

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):
Section 36-T11N-R66W: All

25. Distance to Nearest Mineral Lease Line: 650 ft 26. Total Acres in Lease: 640

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: _____

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	13+1/2	9+5/8	36	1,637	540	1,637	0
1ST	8+3/4	7	26	8,454	180	8,454	6,705
1ST LINER	6	4+1/2	11.6	12,233	0		

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

33. Comments Any measurement 5280' is one mile or greater.

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: Terry L. Hoffman

Title: Permit Agent Date: 5/15/2010 Email: tlhoffman@q.com

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: David S. Neslin Director of COGCC Date: 6/30/2010

Permit Number: _____ Expiration Date: 6/29/2012

API NUMBER
05 123 31826 00

CONDITIONS OF APPROVAL, IF ANY:

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.

- 1) Note surface casing setting depth change from 1637' to 1730'. Increase cement coverage accordingly.
- 2) Provide 24 hour notice of MIRU to Ed Binkley at 970-506-9834 or e-mail at ed.binkley@state.co.us
- 3) Comply with Rule 317.i and provide cement coverage from TD to a minimum of 200' above Niobrara. Verify coverage with cement bond log.
- 4) Run and submit Directional Survey from TD to base of surface casing. The operator shall comply with Rule 321, and it shall be the operator's responsibility to ensure that the wellbore complies with setback requirements in commission orders or rules prior to producing the well.

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Attachment Check List

Att Doc Num	Name	Doc Description
1770332	SURFACE CASING CHECK	LF@2482473 1770332
400062136	FORM 2 SUBMITTED	LF@2477573 400062136
400062139	30 DAY NOTICE LETTER	LF@2477577 400062139
400062140	DEVIATED DRILLING PLAN	LF@2477581 400062140
400062141	WELL LOCATION PLAT	LF@2477583 400062141

Total Attach: 5 Files