

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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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

Refilling
Sidetrack

Document Number:
2079370
Plugging Bond Surety
20010102

3. Name of Operator: PETRO-CANADA RESOURCES (USA) INC 4. COGCC Operator Number: 72085

5. Address: 999 18TH ST STE 600
City: DENVER State: CO Zip: 80202-2499

6. Contact Name: JAN KAJIWARA Phone: (303)297-2300 Fax: (303)297-7708
Email: JKAJIWARA@SUNCOR.COM

7. Well Name: FABRIZIUS Well Number: 1161-27-14

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

9. Proposed Total Measured Depth: 8040

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 27 Twp: 11N Rng: 61W Meridian: 6
Latitude: 40.894350 Longitude: -104.185080

Footage at Surface: 1937 FNL/FSL FNL 623 FEL/FWL FEL

11. Field Name: GROVER Field Number: 33380

12. Ground Elevation: 5193 13. County: WELD

14. GPS Data:

Date of Measurement: 09/09/2009 PDOP Reading: 2.7 Instrument Operator's Name: DARREN VEAL

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 _____

Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____

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: 1937 ft

18. Distance to nearest property line: 623 ft 19. Distance to nearest well permitted/completed in the same formation: 1850 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.)
DAKOTA	DKTA		40	SENE
J SAND	JSND		40	SENE
NIOBRARA-CODELL	NB-CD		40	SENE

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

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):
11N - 61W - SECTION 27: ALL

25. Distance to Nearest Mineral Lease Line: 623 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	12+1/4	8+5/8	26	400	250	400	0
1ST	7+7/8	5+1/2	17	8,040	100	8,040	7,215
			Stage Tool	7,115	800	7,115	400

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

33. Comments CONDUCTOR CASING WILL NOT BE USED

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: JAN KAJIWARA

Title: REG ANALYST Date: 12/3/2009 Email: JKAJIWARA@SUNCOR.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: 12/28/2009

API NUMBER
05 123 30970 00

Permit Number: _____ Expiration Date: 12/27/2011

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)Provide 24 hr notice of spud to Colby Horton at 970-467-2517 or e-mail at colby.horton@state.co.us. 2) Set surface casing to a minimum of 400', per Rule 317d, setting surface casing less than the approved depth is a permit violation unless prior written approval is obtained from the COGCC. 3) If completed, cement coverage shall be at a minimum from the TD to 200' above Niobrara and at minimum set stage cement from 1250' to 50' above the surface casing shoe. Verify all placed cement with cement bond log and cementing tickets. 4) If dry hole, set 60 sks cement from 50' below D Sand base to 100' above D Sand top, 40 sks cement 50' above Niobrara top, 40 sks cement 1350', 50 sks cement ½ out, ½ in surface casing, 10 sks cement top of surface casing, cut 4' below GL, weld on plate, 5 sks cement in rat hole 5 sks cement in mouse hole. Restore surface location.

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Attachment Check List

Att Doc Num	Name	Doc Description
1725383	SURFACE CASING CHECK	LF@2200456 1725383.00000
2079371	WELL LOCATION PLAT	LF@2190094 2079371
2079372	SURFACE AGRMT/SURETY	LF@2190096 2079372
2079373	30 DAY NOTICE LETTER	LF@2190097 2079373
2079393	TOPO MAP	LF@2190095 2079393
400019610	FORM 2 SUBMITTED	LF@2193018 400019610
400027175	APD ORIGINAL	LF@2190093 400027175

Total Attach: 7 Files