

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 MONITORING WELL  
SINGLE ZONE  MULTIPLE ZONE  COMMINGLE ZONE

Refiling   
Sidetrack

Document Number:  
1808418  
Plugging Bond Surety

3. Name of Operator: COLORADO OIL & GAS CONSERVATION COMMISSION 4. COGCC Operator Number: 5

5. Address: 1120 LINCOLN ST SUITE 801  
City: DENVER State: CO Zip: 80203

6. Contact Name: STEVELINDBLOM Phone: (303)894-2100X5 Fax: (303)894-2109  
Email: STEVEN.LINDBLOM@STATE.CO.US

7. Well Name: BP HIGHLANDS Well Number: 1

8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 425

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 15 Twp: 35N Rng: 7W Meridian: N  
Latitude: 37.307842 Longitude: -107.625650

Footage at Surface: 175 FNL 2007 FWL

11. Field Name: \_\_\_\_\_ Field Number: \_\_\_\_\_

12. Ground Elevation: 7584 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 09/01/2009 PDOP Reading: 1.5 Instrument Operator's Name: ROBERT L. POUNDS

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

Footage at Top of Prod Zone: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Bottom Hole: \_\_\_\_\_ \_\_\_\_\_  
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: 460

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

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	FRLDC			

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):

25. Distance to Nearest Mineral Lease Line: \_\_\_\_\_ 26. Total Acres in Lease: \_\_\_\_\_

**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
CONDUCTOR	12+1/4	9+5/8	36	22	24	25	0
SURF	8+3/4	7	20	175	93	185	0
1ST	6+1/4	4+1/2	10.5	425	102	430	0

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

33. Comments **CALCULATED TO THE SURFACE, THEN CASING WILL BE DISPLACED WITH WATER. THE BOP WILL BE TOWNSEND DOUBLE RAM UNITS, 9" WILL BE UTILIZED ON THE 9 5/8" CONDUCTOR CASING AND 7**

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: STEVEN LINDBLOM

Title: ENVIRONMENTAL Date: 9/22/2009 Email: STEVEN.LINDBLOM@STATE.

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. Nash Director of COGCC Date: 9/30/2009

**API NUMBER**  
05 067 09794 00

Permit Number: \_\_\_\_\_ Expiration Date: 9/29/2010

**CONDITIONS OF APPROVAL, IF ANY:** \_\_\_\_\_

### Condition of Approval

Comment

Agency

None-COGCC Monitor Well

### Attachment Check List

Att Doc Num	Name	Doc Description
1808418	APD ORIG & 1 COPY	LF@2148238 1808418
1808428	WAIVERS	LF@2152703 1808428

Total Attach: 2 Files