

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:

1808419

Plugging Bond Surety

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 ☐

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: STEVENLINDBLOM Phone: (303)894-2100X5 Fax: (303)894-2109

Email: STEVEN.LINDBLOM@STATE.CO.US

7. Well Name: BP HIGHLANDS Well Number: 2

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: 37.307908 Longitude: -107.625669

Footage at Surface: 150 FNL 2002 FWL

11. Field Name: _____ Field Number: _____

12. Ground Elevation: 7589 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 09/01/2009 PDOP Reading: 1.7 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: 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: 465

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 #: COC017209

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 Bond ☐ \$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):
N/A: Monitor well only.

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 ALL CASING STRING WILL HAVE CEMENT CIRCULATED 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 1/16" UTILIZED ON THE 7" SURFACE CASING.

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

API NUMBER

05 067 09795 00

Permit Number: _____ Expiration Date: 9/29/2010

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

Comment

Agency

None-Monitor Well

Attachment Check List

Att Doc Num	Name	Doc Description
1808419	APD ORIG & 1 COPY	LF@2148240 1808419
1808429	WAIVERS	LF@2152704 1808429
1857035	SELECTED ITEMS REPORT	LF@2153252 1857035

Total Attach: 3 Files