

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 ☐

 Refiling ☒
 Sidetrack ☐

Document Number:

400005485

Plugging Bond Surety

19880020

3. Name of Operator: MARATHON OIL COMPANY4. COGCC Operator Number: 536505. Address: 5555 SAN FELIPECity: HOUSTON State: TX Zip: 770566. Contact Name: Anna Walls Phone: (713)296-3468 Fax: (713)513-4394Email: avwalls@marathonoil.com7. Well Name: 697-22C Well Number: 11

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

9. Proposed Total Measured Depth: 9340

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 21 Twp: 6S Rng: 97W Meridian: 6Latitude: 39.509350 Longitude: -108.218110
 Footage at Surface: 2326 FNL/FSL FNL 754 FEL/FWL FEL
11. Field Name: Grand Valley Field Number: 3129012. Ground Elevation: 8369.1 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 06/12/2007 PDOP Reading: 2.0 Instrument Operator's Name: John Dolinar Lic. #1897915. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 2441 FSL 660 FWL 2441 FSL 660 FWL
 Bottom Hole: FNL/FSL 2441 FSL 660 FWL
 Sec: 22 Twp: 6S Rng: 97W Sec: 22 Twp: 6S Rng: 97W
16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 200018. Distance to nearest property line: 2326 19. Distance to nearest well permitted/completed in the same formation: 640

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.)
Williams Fork	WMFK	510-18	320	S/2

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):
see attached sheet

25. Distance to Nearest Mineral Lease Line: 2441 26. Total Acres in Lease: 5325

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	26+20		53	100	100	100	0
SURF	14+3/4	9+5/8	36	2,000	1,000	2,000	0
1ST	8+3/4	4+1/2	11.6	9,340	675	9,340	5,500

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

33. Comments No Rig on Location. The Pad is built. The pit has been constructed. No expansion/additional surface disturbance will take place. No visible improvements within 400' of well head. Decrease surface casing setting depth. Surface owned by: OXY Minerals owned by: Chevron

34. Location ID: 335476

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: Anna Walls

Title: Regulatory Compliance Rep Date: 9/17/2009 Email: avwalls@marathonoil.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: _____ Director of COGCC Date: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05 045 14710 00

CONDITIONS OF APPROVAL, IF ANY:**Attachment Check List**

Att Doc Num	Name	Doc Description
400005644	30 DAY NOTICE LETTER	697-21A Rule 305.pdf
400007291	SURFACE AGRMT/SURETY	Surface Agmt - Surety 8-19-08.pdf

Total Attach: 2 Files