

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:

1790835

Plugging Bond Surety

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 ☐3. Name of Operator: BOPCO LP4. COGCC Operator Number: 101725. Address: 201 MAIN ST STE 2700City: FT WORTH State: TX Zip: 791026. Contact Name: BRUCE PATTERSON Phone: (303)799-5080 Fax: (303)799-5081Email: BPATTERSON@NEWTECHENG.COM7. Well Name: YELLOW CREEK FEDERAL XOM Well Number: 2-22-02148. Unit Name (if appl): YELLOW CREEK Unit Number: COC68957X9. Proposed Total Measured Depth: 12503

WELL LOCATION INFORMATION

10. QtrQtr: LOT 6 Sec: 2 Twp: 1S Rng: 98W Meridian: 6Latitude: 40.001210 Longitude: -108.360840

FNL/FSL

FEL/FWL

Footage at Surface: 1607 FNL 1998 FWL11. Field Name: YELLOW CREEK Field Number: 9795512. Ground Elevation: 6307 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 01/02/2008 PDOP Reading: 1.8 Instrument Operator's Name: MITCH BATTY15. 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
<u>1811</u>	<u>FNL</u>	<u>610</u>	<u>1811</u>	<u>FNL</u>	<u>610</u>
		<u>FWL</u>			<u>FWL</u>
Sec: <u>2</u>	Twp: <u>1S</u>	Rng: <u>98W</u>	Sec: <u>2</u>	Twp: <u>1S</u>	Rng: <u>98W</u>

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: 1607 19. Distance to nearest well permitted/completed in the same formation: 1201

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.)
CASTLEGATE	CSLGT			
LOWER SEGO	SEGO			
MESAVERDE	MVRD			
ROLLINS	RLNS			

21. Mineral Ownership: ☐ Fee ☐ State ☒ Federal ☐ Indian Lease #: COC62048

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):
SEC 2, T1S, R98W, 6TH PM LOTS 5-7, S1/2 OF NW1/4

25. Distance to Nearest Mineral Lease Line: 610 26. Total Acres in Lease: 376

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: CUTTINGPITONSITE-CLOS

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	24	20	94	60	100	60	0
SURF	14+3/4	9+5/8	36	3,426	1,418	3,426	0
1ST	7+7/8	4+1/2	11.6	12,503	1,410	12,503	6,000

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

33. Comments NO CHANGES TO ORIGINAL DRILLING PLAN, REQUESTING EXTENSION FOR CURRENT PERMIT TO DRILL.

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: BRUCE PATTERSON

Title: PERMITTING Date: _____ Email: BPATTERSON@NEWTECHE

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: _____

API NUMBER
05 103 11341 00

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num	Name	Doc Description
1790835	APD ORIG & 1 COPY	LF@2157762 1790835

Total Attach: 1 Files