

FORM
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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:
1791135
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: CHEVRON U S A INC 4. COGCC Operator Number: 16700
 5. Address: 6001 BOLLINGER CANYON RD
 City: SAN RAMON State: CA Zip: 94583
 6. Contact Name: DIANE L. PETERSON Phone: (970)675-3842 Fax: (970)675-3800
 Email: DLPE@CHEVRON.COM
 7. Well Name: FEE Well Number: 18
 8. Unit Name (if appl): RANGELY WEBER Unit Number: COC47675X
 9. Proposed Total Measured Depth: 6396

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 29 Twp: 2N Rng: 102W Meridian: 6
 Latitude: 40.108619 Longitude: -108.860336
 Footage at Surface: 663 FNL/FSL FSL 719 FEL/FWL FEL
 11. Field Name: RANGELY Field Number: 72370
 12. Ground Elevation: 5232 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 02/07/2008 PDOP Reading: 1.9 Instrument Operator's Name: JOHN FLOYD

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: 1120

18. Distance to nearest property line: 719 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.)
WEBER SANDS	WEBR			

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 LEASE MAP

25. Distance to Nearest Mineral Lease Line: 719 26. Total Acres in Lease: 360

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		10+3/4	40.5	1,024	959	1,024	0
1ST		7	23	5,626	1,250	5,626	2,992

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

33. Comments ORIGINAL COMPLETION 07/14/1946. PREVIOUS APD APPROVED 06/11/08 (PERMIT #20088242) 05-103-06236 RE-ENTRY OF PA & A WELL ON WHOLLY OWNED CHEVRON SURFACE WELL - WELL TO BE RETURNED TO INJECTION.

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: DIANE L. PETERSON

Title: REGULATORY Date: _____ Email: DLPE@CHEVRON.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: _____

API NUMBER 05 103 06236 00	Permit Number: _____ Expiration Date: _____
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CONDITIONS OF APPROVAL, IF ANY: _____

Attachment Check List

Att Doc Num	Name	Doc Description
1791135	APD ORIGINAL	LF@2168589 1791135
1791137	TOPO MAP	LF@2168595 1791137
1791148	FED. DRILLING PERMIT	LF@2168599 1791148
1791149	H2S CONTINGENCY PLAN	LF@2168603 1791149
2097837	MINERAL LEASE MAP	LF@2168597 2097837
2097838	LOCATION DRAWINGS	LF@2168593 2097838
2097839	SURFACE PLAN	LF@2168601 2097839
2097840	DRILLING PLAN	LF@2168591 2097840
2097842	LOCATION PICTURES	LF@2168922 2097842

Total Attach: 9 Files