

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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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:

1791138

Plugging Bond Surety

3. Name of Operator: EXXON MOBIL OIL CORPORATION4. COGCC Operator Number: 287005. Address: P O BOX 4358 WGR RM 310City: HOUSTON State: TX Zip: 77210-43586. Contact Name: LYNN NEELY Phone: (281)654-1949 Fax: (262)313-9747Email: LYNN.R.NEELY@EXXONMOBIL.COM7. Well Name: PICEANCE CREEK UNIT Well Number: 197-34A108. Unit Name (if appl): PICEANCE CREEK Unit Number: COC47666X9. Proposed Total Measured Depth: 13

WELL LOCATION INFORMATION

10. QtrQtr: NWSW Sec: 34 Twp: 1S Rng: 97W Meridian: 6Latitude: 39.917919 Longitude: -108.276991Footage at Surface: 1 FNL/FSL 117 FEL/FWL FWL11. Field Name: PICEANCE CREEK Field Number: 6880012. Ground Elevation: 6486 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 06/16/2006 PDOP Reading: 4.5 Instrument Operator's Name: T. PETTY15. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 99 FNL 1487 FWL 99 FNL 1 FWL
Bottom Hole: FNL/FSL 99 FNL 1 FWL
Sec: 3 Twp: 2S Rng: 97W Sec: 3 Twp: 2S Rng: 97W16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 20018. Distance to nearest property line: 117 19. Distance to nearest well permitted/completed in the same formation: 927

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.)
MESAVERDE	MVRD			
OHIO CREEK	OHCRK			
WASATCH	WSTC			

21. Mineral Ownership: ☐ Fee ☐ State ☒ Federal ☐ Indian Lease #: COD035729

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 MAP AND MINERAL LEASE DESCRIPTION.

25. Distance to Nearest Mineral Lease Line: 99 26. Total Acres in Lease: 1

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: BURIAL

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	16		0	280	120	0
SURF	14+3/4	10+3/4	45.5	0	2,350	4,200	0
1ST	9+7/8	7	26#	0	1,360	9,200	4,100
2ND	6+1/8	4+1/2	15.1	0	550	13,300	7,500

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

33. Comments SEE ATTACHED FEDERAL APPLICATION OR ADDITIONAL DETAILS AND SEE ATTACHMENT FOR COMMENTS ON ITEMS 29 & 30, AND CASING CEMENTING PROGRAM. A SUNDRY NOTICE HAS BEEN FILED WITH THIS APD TO REQUEST FOR EXCEPTION OF RULE 317.

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: LYNN NEELY

Title: REGULATORY Date: _____ Email: LYNN.R.NEELY@EXXONMOB

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

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num	Name	Doc Description
1303686	TOPO MAP	LF@2168930 1303686
1303687	TOPO MAP	LF@2168932 1303687
1303688	TOPO MAP	LF@2168934 1303688
1303689	TOPO MAP	LF@2168936 1303689
1303690	CONST. LAYOUT DRAWINGS	LF@2168940 1303690
1791138	APD ORIGINAL	LF@2168534 1791138
1791140	WELL LOCATION PLAT	LF@2168536 1791140
1791141	ACCESS ROAD MAP	LF@2168548 1791141
1791142	LOCATION PICTURES	LF@2168923 1791142
1791143	LOCATION PICTURES	LF@2168925 1791143
1791144	LOCATION PICTURES	LF@2168927 1791144
1791145	DEVIATED DRILLING PLAN	LF@2168540 1791145
1791146	FED. DRILLING PERMIT	LF@2168542 1791146
2097829	LEGAL/LEASE DESCRIPTION	LF@2168538 2097829
2097830	SURFACE PLAN	LF@2168544 2097830
2097831	TOPO MAP	LF@2168928 2097831
2097832	REFERENCE AREA MAP	LF@2168937 2097832
2097833	PROPOSED BMPs	LF@2168552 2097833
2097834	DRILLING PLAN	LF@2168546 2097834
2097835	TOPO MAP	LF@2168550 2097835
2097836	CONST. LAYOUT DRAWINGS	LF@2168938 2097836

Total Attach: 21 Files