

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:

1774335

Plugging Bond Surety

3. Name of Operator: BP AMERICA PRODUCTION COMPANY 4. COGCC Operator Number: 100005. Address: 501 WESTLAKE PARK BLVDCity: HOUSTON State: TX Zip: 770796. Contact Name: JULIE DOSSEY Phone: (970)382-0027 Fax: (970)382-0290

Email: _____

7. Well Name: ELDRIDGE 25-02 Well Number: 2

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

9. Proposed Total Measured Depth: 3612

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 25 Twp: 33N Rng: 11W Meridian: NLatitude: 37.074311 Longitude: -107.995129Footage at Surface: 2043 FNL/FSL FSL 2200 FEL/FWL FEL11. Field Name: IGNACIO BLANCO Field Number: 3830012. Ground Elevation: 6517 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 10/29/2008 PDOP Reading: 2.1 Instrument Operator's Name: BRENT CARTER15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 1149 FSL 1490 FWL 1149 FSL 1491 FWL 1149 FSL 1491 FWL 1491 FWL 1491 FWL 1491Sec: 25 Twp: 33N Rng: 11W Sec: 25 Twp: 33N Rng: 11W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 500 ft18. Distance to nearest property line: 857 ft 19. Distance to nearest well permitted/completed in the same formation: 2100 ft

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 COAL	FRLDC	112-205	320	W/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.

25. Distance to Nearest Mineral Lease Line: 147 ft 26. Total Acres in Lease: 640

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: RECYCLE/REUSE

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	14+1/2	10+3/4	40.5	373	378	373	0
1ST	9+7/8	7+5/8	26.4	2,856	570	2,922	
2ND	6+3/4	5		3,612			

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

33. Comments NO CONDUCTOR CASING USED. NO NEW DISTURBANCE OUTSIDE OF THE ORIGINAL PAD. FORM 4, TECH PAGE AND WELLBORE DIAGRAM ATTACHED.

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: JULIE DOSSEY

Title: PERMITTING Date: _____ Email: JDOSSEY@TIMBERLINELAN

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 05 067 09567 00	Permit Number: _____	Expiration Date: _____
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CONDITIONS OF APPROVAL, IF ANY: _____

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
1774335	APD ORIGINAL	LF@2179837 1774335
1774336	WELL LOCATION PLAT	LF@2179838 1774336
1774337	30 DAY NOTICE LETTER	LF@2179839 1774337
1774338	DEVIATED DRILLING PLAN	LF@2179840 1774338

Total Attach: 4 Files