

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



DE ET OE ES

Document Number:
1808770
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: XTO ENERGY INC 4. COGCC Operator Number: 100264

5. Address: 382 CR 3100
City: AZTEC State: NM Zip: 87410

6. Contact Name: KELLY SMALL Phone: (505)333-3145 Fax: (505)213-0546
Email: KELLY.SMALL@XTOENERGY.COM

7. Well Name: NEW ELK Well Number: 26-01

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

9. Proposed Total Measured Depth: 2

WELL LOCATION INFORMATION

10. QtrQtr: NENE Sec: 26 Twp: 33S Rng: 68W Meridian: 6
Latitude: 37.147969 Longitude: -104.957146

Footage at Surface: 509 FNL/FSL FNL 376 FEL/FWL FEL

11. Field Name: PURGATOIRE RIVER Field Number: 70830

12. Ground Elevation: 8016 13. County: LAS ANIMAS

14. GPS Data:

Date of Measurement: 08/27/2009 PDOP Reading: 6.0 Instrument Operator's Name: GARY L. TERRY

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: 3 ft

18. Distance to nearest property line: 3 ft 19. Distance to nearest well permitted/completed in the same formation: 1 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.)
RATON	RTON			
VERMEJO	VRMJ			

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: 5615 ft 26. Total Acres in Lease: 7

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: PIT

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	17+1/2	13+3/8	54	48	76	48	0
SURF	11	8+5/8	32	1	740	1	0
1ST	7+7/8	5+1/2	15.5	2	100	2	1
			Stage Tool	1	250	1	0

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

33. Comments THERE ARE NO WATER WELLS WITHIN 1 MILE OF THE PROPOSED LOCATION.

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: KELLY SMALL

Title: REGULATORY Date: _____ Email: KELLY.SMALL@XTOENERGY

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:

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
1808770	APD ORIGINAL	LF@2174912 1808770
1808778	WELL LOCATION PLAT	LF@2174913 1808778
1808779	TOPO MAP	LF@2174914 1808779
1808780	LEASE MAP	LF@2174915 1808780
1808781	SURFACE AGRMT/SURETY	LF@2174916 1808781
1808782	CONSULT NOTICE	LF@2174918 1808782
2098048	WAIVERS	LF@2174917 2098048

Total Attach: 7 Files