

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:

1808961

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: BP AMERICA PRODUCTION COMPANY 4. COGCC Operator Number: 100005. Address: 501 WESTLAKE PARK BLVDCity: HOUSTON State: TX Zip: 770796. Contact Name: DEBRA BEMENDERFER Phone: (970)375-6813 Fax: (970)382-6696Email: DEB.BEMENDERFER@CH2M.COM7. Well Name: SOUTHERN UTE GU DD Well Number: 3

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

9. Proposed Total Measured Depth: 3374

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 30 Twp: 34N Rng: 8W Meridian: MLatitude: 37.156770 Longitude: -107.762220
 Footage at Surface: 746 FNL/FSL FSL 1840 FEL/FWL FWL
11. Field Name: IGNACIO BLANCO Field Number: 3830012. Ground Elevation: 6478 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 11/01/2007 PDOP Reading: 2.1 Instrument Operator's Name: ROBERT HINOJOSA15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 794 FSL 2240 FEL/FWL FEL Bottom Hole: FNL/FSL 801 FSL 2189 FEL/FWL FEL
 Sec: _____ Twp: _____ Rng: _____ Sec: 30 Twp: 34N Rng: 8W
16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 934 ft18. Distance to nearest property line: 505 ft 19. Distance to nearest well permitted/completed in the same formation: 1119 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	112-180	320	S2

21. Mineral Ownership: Fee State Federal Indian Lease #: 14-20+604-4254

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):
PLEASE SEE ATTACHED MINERAL LEASE

25. Distance to Nearest Mineral Lease Line: 512 ft 26. Total Acres in Lease: 1800

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	12+1/4	8+5/8	24	350	300	350	0
1ST	7+7/8	5+1/2	15.5	3,374	361	3,374	0

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

33. Comments NO CONDUCTOR CASING WILL BE USED. NO CHANGES HAVE BEEN MADE SINCE THE ORIGINAL FILING.

34. Location ID: 334003

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: DEBRA BEMENDERFER

Title: SAN JUAN PERMIT/ROW MGR Date: _____ Email: DEB.BEMENDERFER@CH2M.

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 05 067 09695 00

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
1808961	APD ORIGINAL	LF@2193791 1808961

Total Attach: 1 Files