

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:
1808962
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: 10000

5. Address: 501 WESTLAKE PARK BLVD
City: HOUSTON State: TX Zip: 77079

6. Contact Name: DEBRA BEMENDERFER Phone: (970)375-6813 Fax: (970)382-6696
Email: DEB.BEMENDERFER@CH2M.COM

7. Well Name: SUNDANCE GAS UNIT Well Number: 4

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

9. Proposed Total Measured Depth: 2893

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 8 Twp: 34N Rng: 8W Meridian: N
Latitude: 37.204710 Longitude: -107.738060

Footage at Surface: 2293 FNL/FSL FSL 1853 FEL/FWL FEL

11. Field Name: IGNACIO BLANCO Field Number: 38300

12. Ground Elevation: 6733 13. County: LA PLATA

14. GPS Data:
Date of Measurement: 09/18/2007 PDOP Reading: 2.7 Instrument Operator's Name: ROBERT HINOJOSA

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
Footage at Top of Prod Zone: FNL/FSL 2395 FSL FSL 959 FEL FEL Bottom Hole: FNL/FSL 2402 FSL FSL 902 FEL FEL
Sec: _____ Twp: _____ Rng: _____ Sec: 8 Twp: 34N Rng: 8W

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: 448 ft
18. Distance to nearest property line: 381 ft 19. Distance to nearest well permitted/completed in the same formation: 931 ft

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	E2

21. Mineral Ownership: Fee State Federal Indian Lease #: 750-00-1096

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: 282 ft 26. Total Acres in Lease: 160

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	2,893	361	2,893	0

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

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

34. Location ID: 334383

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: _____

API NUMBER 05 067 09670 00	Permit Number: _____ Expiration Date: _____
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
1808962	APD ORIGINAL	LF@2193790 1808962

Total Attach: 1 Files