

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:

1791403

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: EXXON MOBIL OIL CORPORATION 4. COGCC Operator Number: 287005. Address: P O BOX 4358 WGR RM 310City: HOUSTON State: TX Zip: 77210-43586. Contact Name: MARK DEL PICO Phone: (281)654-1926 Fax: (281)654-1940Email: MARK DELPICO@EXXONMOBIL.COM7. Well Name: PICEANCE CRK U Well Number: 197-36A78. Unit Name (if appl): PICEANCE CRK U Unit Number: COC-47666X9. Proposed Total Measured Depth: 14100

## WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 36 Twp: 1S Rng: 97W Meridian: 6Latitude: 39.918730 Longitude: -108.229067
 Footage at Surface: 1890 FNL/FSL FSL 2632 FEL/FWL FWL
11. Field Name: PICEANCE CREEK Field Number: 6880012. Ground Elevation: 7082 13. County: RIO BLANCO

## 14. GPS Data:

Date of Measurement: 09/12/2007 PDOP Reading: 2.4 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 2563 FSL 2102 FWL FWL Bottom Hole: FNL/FSL 2563 FSL 2102 FWL FWLSec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ Sec: 36 Twp: 1S 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: 200 ft18. Distance to nearest property line: 96 ft 19. Distance to nearest well permitted/completed in the same formation: 933 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.)
MESAVERDE	MVRD			
OHIO CREEK	OHCRK			
WASATCH	WSTC			

21. Mineral Ownership:  Fee  State  Federal  Indian Lease #: COC 035729

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):

25. Distance to Nearest Mineral Lease Line: 8353 ft 26. Total Acres in Lease: 1896

### 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	20	16		120		120	0
SURF	14+3/4	10+3/4	45.5	4,700		4,700	0
1ST	9+7/8	7	26	9,800	1,510	9,800	4,400
2ND	6+1/8	4+1/2	15.1	14,100			7,500

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

33. Comments **THIS APD EXPIRES ON 2/18/2010. NO CHANGE TO APPROVED APD. THIS PAD HAS BEEN BUILT & CONDUCTOR/CELLARS HAVE BEEN SET FOR ALL 10 WELLS ON THIS PAD. NO FORM 2A IS REQUIRED AS THIS IS NOT IN AN RSO AREA. API# 05-103-11186-00.**

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: MARK DEL PICO

Title: STAFF REG SPECIALIST Date: \_\_\_\_\_ Email: MARK\_DELPICO@EXXONMO

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**

05 103 11186 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
1791403	APD ORIGINAL	LF@2197494 1791403

Total Attach: 1 Files