

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:

2585328

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: SUSAN FOLK Phone: (970)335-3828 Fax: (970)335-3837
 Email: SUSAN.FOLK@BP.COM

7. Well Name: DAVIES GU A Well Number: 2

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

9. Proposed Total Measured Depth: 3124

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 13 Twp: 33N Rng: 10W Meridian: N

Latitude: 37.104480 Longitude: -107.883020

Footage at Surface: 2430 FNL/FSL FNL 2003 FEL/FWL FEL

11. Field Name: IGNACIO BLANCO Field Number: 38300

12. Ground Elevation: 6175.5 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 10/01/2008 PDOP Reading: 1.9 Instrument Operator's Name: GARY LAWRENCE

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 1564 FNL 1445 FEL 1515 FNL 1413 FEL
 Sec: 13 Twp: 33N Rng: 10W Sec: 13 Twp: 33N Rng: 10W

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: 947 ft

18. Distance to nearest property line: 225 ft 19. Distance to nearest well permitted/completed in the same formation: 2148 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	N/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):
T33N, R20W, SEC 13; S/2NE/4

25. Distance to Nearest Mineral Lease Line: 244 ft 26. Total Acres in Lease: 80

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	0	350	353	350	0
1ST	7+7/8	5+1/2	15.5	3,124	359	3,124	0
2ND				1	112		0

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

33. Comments **THERE HAVE BEEN NO CHANGES IN THE SURFACE LOCATION OR LAYOUT OF THIS WELL. THE WELL SITE HAS NOT BEEN BUILT. WAIVER TO THE 30 DAY NOTICE (RULE 305) & WAIVER TO HE CONSULTATON (RULE 306) CAN BE FOUND IN THE ATTACHED SUA WHICH IS STILL VALID. NO CONDUCTOR CASING WILL BE USED.**

34. Location ID: 307033

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: SUSAN FOLK

Title: PEMITTING Date: _____ Email: SUSAN.FOLK@BP.COM

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 09685 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
1781555	SURFACE AGRMT/SURETY	LF@2203725 1781555
2585328	APD ORIGINAL	LF@2203724 2585328

Total Attach: 2 Files