

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:

2094126

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 CORPORATION 4. COGCC Operator Number: 28600

5. Address: P O BOX 4358
City: HOUSTON State: TX Zip: 77210-4358

6. Contact Name: MARK DEL PICO Phone: (281)654-1926 Fax: (281)654-1940
Email: MARK.DELPICO@EXXONMOBIL.COM

7. Well Name: FREEDOM UNIT Well Number: 197-21A2

8. Unit Name (if appl): FREEDOM UNIT Unit Number: COC069547
X

9. Proposed Total Measured Depth: 13350

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 21 Twp: 1S Rng: 97W Meridian: 6
Latitude: 39.954869 Longitude: -108.283335

Footage at Surface: 874 FNL/FSL FNL 1518 FEL/FWL FEL

11. Field Name: PICEANCE CREEK Field Number: 68800

12. Ground Elevation: 6064 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 11/22/2006 PDOP Reading: 2.7 Instrument Operator's Name: D. PETTY

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

Footage at Top of Prod Zone: FNL/FSL 1413 FNL 2241 FWL 1413 FNL 2241 FWL
Bottom Hole: FNL/FSL 1413 FNL 2241 FWL
Sec: 21 Twp: 1S Rng: 97W Sec: 21 Twp: 1S Rng: 97W

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: 1000 ft

18. Distance to nearest property line: 216 ft 19. Distance to nearest well permitted/completed in the same formation: 908 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 #: COC61715

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 MAP AND MINERAL LEASE DESCRIPTION.

25. Distance to Nearest Mineral Lease Line: 409 ft 26. Total Acres in Lease: 1952

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	26	16	LINEPIPE	120	280	120	0
SURF	14+3/4	10+3/4	45.5	3,850	2,130	3,800	0
1ST	9+7/8	7	23	9,200	1,580	9,200	3,300
2ND	6+1/8	4+1/2	15.1	13,350	660	13,350	6,650

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

33. Comments SEE ATTACHED FEDERAL APPLICATION FOR ADDITIONAL DETAILS AND SEE ATTACHMENT FOR COMMENTS ON ITEMS 29 & 30, AND CASING CEMENTING PROGRAM AND REQUEST FOR EXCEPTION OF RULE 317.

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: REGULATORY 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

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
2094126	APD ORIGINAL	LF@2217615 2094126
2094127	WELL LOCATION PLAT	LF@2217616 2094127
2094128	TOPO MAP	LF@2217659 2094128
2094129	TOPO MAP	LF@2217660 2094129
2094130	MINERAL LEASE MAP	LF@2217619 2094130
2094131	DEVIATED DRILLING PLAN	LF@2217620 2094131
2094132	FED. DRILLING PERMIT	LF@2217621 2094132
2094793	SURFACE PLAN	LF@2217622 2094793
2094794	PROPOSED BMPs	LF@2217768 2094794
2094795	DRILLING PLAN	LF@2217623 2094795

Total Attach: 10 Files