

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:

2094174

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 CORPORATION4. COGCC Operator Number: 286005. Address: P O BOX 4358City: 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: FREEDOM UNIT Well Number: 197-21A58. Unit Name (if appl): FREEDOM UNIT Unit Number: COC069547
X9. Proposed Total Measured Depth: 13350

WELL LOCATION INFORMATION

10. QtrQtr: NWNSE Sec: 21 Twp: 1S Rng: 97W Meridian: 6Latitude: 39.954992 Longitude: -108.283332
 Footage at Surface: 829 FNL/FSL FNL 1517 FEL/FWL FEL
11. Field Name: PICEANCE CREEK Field Number: 6880012. Ground Elevation: 6065 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 11/22/2006 PDOP Reading: 2.7 Instrument Operator's Name: D. PETTY15. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 605 FNL 1423 FEL FEL Bottom Hole: FNL/FSL 605 FNL 1423 FEL FEL
 Sec: 21 Twp: 1S Rng: 97W Sec: 21 Twp: 1S Rng: 97W
16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 1000 ft18. Distance to nearest property line: 215 ft 19. Distance to nearest well permitted/completed in the same formation: 805 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: 123 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	3	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
2094174	APD ORIGINAL	LF@2217544 2094174
2094175	WELL LOCATION PLAT	LF@2217545 2094175
2094176	TOPO MAP	LF@2217652 2094176
2094177	TOPO MAP	LF@2217653 2094177
2094178	MINERAL LEASE MAP	LF@2217548 2094178
2094179	DEVIATED DRILLING PLAN	LF@2217550 2094179
2094180	FED. DRILLING PERMIT	LF@2217552 2094180
2094772	SURFACE PLAN	LF@2217554 2094772
2094773	PROPOSED BMPs	LF@2217770 2094773
2094774	DRILLING PLAN	LF@2217556 2094774

Total Attach: 10 Files