

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:
2095428

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: INDEPENDENCE U Well Number: 496-9A1

8. Unit Name (if appl): INDEPENDENCE U Unit Number: COC069926
X

9. Proposed Total Measured Depth: 13100

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 9 Twp: 4S Rng: 96W Meridian: 6
Latitude: 39.714511 Longitude: -108.175277

Footage at Surface: 1777 FNL/FSL FSL 2167 FEL/FWL FWL

11. Field Name: PICEANCE CREEK Field Number: 68800

12. Ground Elevation: 7704 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 01/22/2008 PDOP Reading: 3.9 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 _____ FEL/FWL _____ Bottom Hole: FNL/FSL _____ FEL/FWL _____

Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____

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: 130 ft

18. Distance to nearest property line: 1777 ft 19. Distance to nearest well permitted/completed in the same formation: 2 mi

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 #: COC57954

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: 1777 ft 26. Total Acres in Lease: 1292

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	LINEPIPE	120	100	120	0
SURF	14+3/4	10+3/4	45.5	4,900	2,740	4,900	0
1ST	6+1/8	4+1/2	15.1	13,100	710	13,100	5,600
2ND	9+7/8	7	26	8,700	1,150	8,700	4,400

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

33. Comments APD 05-103-11338-00. THIS APD EXPIRES ON 08/17/2009. NO CHANGE TO APPROVED APD. THIS PAD HAS NOT BEEN BUILT. ATTACHED ARE FORM 2A & ATTACHMENTS. NOTE: THIS IS NOW AN EXPANDED LIBERTY UNIT WELL-CHANGE TO UNIT NAME.

34. Location ID: 316682

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: 2/3/2010 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: _____

API NUMBER
05 103 11338 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
2095428	APD ORIGINAL	LF@2236575 2095428
2095430	WELL LOCATION PLAT	LF@2236579 2095430
2095431	TOPO MAP	LF@2236584 2095431
400038515	FORM 2 SUBMITTED	400038515.pdf

Total Attach: 4 Files