

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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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

Document Number:
400038339
Plugging Bond Surety
20060139

3. Name of Operator: OXY USA INC 4. COGCC Operator Number: 66561

5. Address: PO BOX 27757
City: HOUSTON State: TX Zip: 77227

6. Contact Name: Joan Proulx Phone: (970)263-3641 Fax: (970)263-3694
Email: joan_proulx@oxy.com

7. Well Name: Hawkins Ranch Well Number: 10-10B

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

9. Proposed Total Measured Depth: 7105

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 11 Twp: 10S Rng: 94W Meridian: 6
Latitude: 39.200414 Longitude: -107.858737

Footage at Surface: 1119 FNL/FSL FSL 72 FEL/FWL FWL

11. Field Name: Plateau Field Number: 69300

12. Ground Elevation: 7491 13. County: MESA

14. GPS Data:

Date of Measurement: 08/26/2008 PDOP Reading: 3.5 Instrument Operator's Name: Jim Grabowski

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 _____
1848 FSL 1950 FEL 1848 FSL 1950 FEL
Sec: 10 Twp: 10S Rng: 94W Sec: 10 Twp: 10S Rng: 94W

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: 1669 ft

18. Distance to nearest property line: 208 ft 19. Distance to nearest well permitted/completed in the same formation: 340 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.)
Mesa Verde	MVRD	166-25		

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):
See attached Mineral Lease Description

25. Distance to Nearest Mineral Lease Line: 709 ft 26. Total Acres in Lease: 875

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: _____

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	24+0/0	16+0/0	.025 Wall	40		40	
SURF	12+1/4	8+5/8	32.0	1,500	360	1,500	
1ST	7+7/8	4+1/2	11.6	7,105	650	7,105	

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

33. Comments Initial Rule 306 consultation took palce on 8/23/08 and was waived.

34. Location ID: 334404

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: Joan Proulx

Title: Regulatory Analyst Date: _____ Email: joan_proulx@oxy.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

05 077 10016 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
400038978	FORM 2 SUBMITTED	400038978.pdf

Total Attach: 1 Files