

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

Refilling
Sidetrack

Document Number:
400034400
Plugging Bond Surety
20030058

3. Name of Operator: EOG RESOURCES INC 4. COGCC Operator Number: 27742

5. Address: 600 17TH ST STE 1100N
City: DENVER State: CO Zip: 80202

6. Contact Name: Nick Mathis Phone: (303)262-2894 Fax: (303)262-2895
Email: Nick.Mathis@eogresources.com

7. Well Name: Fox Creek Well Number: 1-35H

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

9. Proposed Total Measured Depth: 12514

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 35 Twp: 12N Rng: 63W Meridian: 6
Latitude: 40.971094 Longitude: -104.405933

Footage at Surface: 760 FNL/FSL FNL 967 FEL/FWL FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 5360 13. County: WELD

14. GPS Data:

Date of Measurement: 01/14/2010 PDOP Reading: 2.6 Instrument Operator's Name: Uintah Engineering & Land Surveying

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

Footage at Top of Prod Zone: FNL/FSL 1158 FNL 1250 FWL 600 FEL/FWL 600 FEL
Sec: 35 Twp: 12N Rng: 63W Sec: 35 Twp: 12N Rng: 63W

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: 163 ft

18. Distance to nearest property line: 760 ft 19. Distance to nearest well permitted/completed in the same formation: 4330 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.)
Niobrara	NBRR	NA		NA

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):
All Section 35, T12N, R63W of the 6th P.M.

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 640

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: Backfill and Cover

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		60		0	0
SURF	13+1/2	9+5/8	36	1,500	780	1,500	0
1ST	8+3/4	7	23	7,603	805	7,603	0
1ST LINER	6+1/4	4+1/2	11.6	12,514	660	12,514	6,753

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

33. Comments EOG will earn the lease, upon drilling the well, pursuant to the Farmout Option Contract between EOG and Anadarko

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: Nick

Title: Mathis Date: 2/5/2010 Email: Nick_Mathis@eogresources.co

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	Permit Number: _____	Expiration Date: _____
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
400034404	DRILLING PLAN	Fox Creek 1-35H_APD Drilling Plan.pdf
400034405	DEVIATED DRILLING PLAN	Fox Creek 1-35H_directional plot.pdf
400034406	DEVIATED DRILLING PLAN	Fox Creek 1-35H_directional report.pdf
400034408	WELL LOCATION PLAT	Fox Creek 1-35H Well Location Plat.pdf
400036147	TOPO MAP	Fox Creek 01-35H Topo Map.pdf
400038826	FORM 2 SUBMITTED	400038826.pdf

Total Attach: 6 Files