

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:

400042734

Plugging Bond Surety

20060137

3. Name of Operator: OXY USA WTP LP 4. COGCC Operator Number: 665715. Address: P O BOX 27757City: HOUSTON State: TX Zip: 772276. Contact Name: Joan Proulx Phone: (970)263-3641 Fax: (970)263-3694Email: joan_proulx@oxy.com7. Well Name: Shell Well Number: 797-03-15A

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

9. Proposed Total Measured Depth: 7281

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 3 Twp: 7S Rng: 97W Meridian: 6Latitude: 39.478400 Longitude: -108.202011Footage at Surface: 1226 FNL/FSL FNL 1495 FEL/FWL FEL11. Field Name: Grand Valley Field Number: 3129012. Ground Elevation: 6328 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 07/05/2007 PDOP Reading: 2.7 Instrument Operator's Name: Brian Baker15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 792 FNL 1262 FEL 784 FEL 1272 FELSec: 3 Twp: 7S Rng: 97W Sec: 3 Twp: 7S Rng: 97W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 2 mi18. Distance to nearest property line: 1149 ft 19. Distance to nearest well permitted/completed in the same formation: 330 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.)
Iles	ILES	318.A		
Williams Fork	WMFK	510-26		

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: 1272 ft 26. Total Acres in Lease: 4764

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: Reserve pit

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+0/0	16+0/0	65#	80		80	
SURF	12+1/4	9+5/8	36#	1,000	291	1,000	
1ST	8+3/4	4+1/2	11.6#	7,281	1,194	7,281	3,259

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

33. Comments Rules 305 and 306 are waived and location approved by Shell - see attached letter. Oxy will provide appropriate housing for essential personnel in order to conduct safe and efficient drilling and completion operations at this well site. This APD is located on an existing well pad (existing well Shell 697-34-14A, API 056-045-17585).

34. Location ID: 335482

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

05 045 17878 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.