

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:

400043228

Plugging Bond Surety

20030058

## 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: EOG RESOURCES INC4. COGCC Operator Number: 277425. Address: 600 17TH ST STE 1100NCity: DENVER State: CO Zip: 802026. Contact Name: Amber Schaller Phone: (303)824-5582 Fax: (303)824-5583Email: amber\_schaller@eogresources.com7. Well Name: Critter Creek Well Number: 13-17H

8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 13076

## WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 17 Twp: 11N Rng: 63W Meridian: 6Latitude: 40.916453 Longitude: -104.449322

		FNL/FSL		FEL/FWL
Footage at Surface:	<u>501</u>	<u>FSL</u>	<u>501</u>	<u>FEL</u>

11. Field Name: Hereford Field Number: 3420012. Ground Elevation: 5280 13. County: WELD

## 14. GPS Data:

Date of Measurement: 01/28/2010 PDOP Reading: 2.2 Instrument Operator's Name: Uintah Engineering & Land Surveying15. 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
<u>843</u>	<u>FSL</u>	<u>837</u>	<u>600</u>	<u>FNL</u>	<u>600</u>
Sec: <u>17</u>	Twp: <u>11N</u>	Rng: <u>63W</u>	Sec: <u>17</u>	Twp: <u>11N</u>	Rng: <u>63W</u>

16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 507 ft18. Distance to nearest property line: 501 ft 19. Distance to nearest well permitted/completed in the same formation: 5139 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			

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.

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 6888

### 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		60	0
SURF	13+1/2	9+5/8	36 Lbs	1,330	695	1,330	0
1ST	8+3/4	7	23 Lbs	7,686	815	7,686	0
1ST LINER	6+1/4	4+1/2	11.6 Lbs	13,076	460	13,076	6,836

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

33. Comments \_\_\_\_\_

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: Amber Schaller

Title: Regulatory Assistant Date: \_\_\_\_\_ Email: amber\_schaller@eogresources.

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
400043313	PLAT	Plat.pdf
400043316	TOPO MAP	Topo Map.pdf
400043317	LEGAL/LEASE DESCRIPTION	Lease Description.pdf
400043318	DEVIATED DRILLING PLAN	Deviated Drlg Plan.pdf
400043319	DRILLING PLAN	Drilling Plan wBOPE.pdf

Total Attach: 5 Files