

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:
1692549
Plugging Bond Surety

3. Name of Operator: XTO ENERGY INC 4. COGCC Operator Number: 100264

5. Address: 382 CR 3100
City: AZTEC State: NM Zip: 87410

6. Contact Name: KELLY SMALL Phone: (505)333-3145 Fax: (505)213-0546
Email: _____

7. Well Name: LOPEZ CANYON SWD Well Number: 1

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

9. Proposed Total Measured Depth: 6600

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 21 Twp: 33S Rng: 67W Meridian: 6
Latitude: 37.154592 Longitude: -104.889849

Footage at Surface: 1415 FNL/FSL FSL 1817 FEL/FWL FEL

11. Field Name: PURGATOIRE RIVER Field Number: 70830

12. Ground Elevation: 7232 13. County: LAS ANIMAS

14. GPS Data:

Date of Measurement: 10/05/2005 PDOP Reading: 6.0 Instrument Operator's Name: GARY L. TERRY

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: 3500 ft

18. Distance to nearest property line: 1225 ft 19. Distance to nearest well permitted/completed in the same formation: _____

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.)
DAKOTA-PURGATOIRE	DK-PR			
ENTRADA-DOCKUM	EN-DK			

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: 1225 ft 26. Total Acres in Lease: 1724

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	26	20		84	120	84	0
SURF	17+1/2	13+3/8	48	972	969	972	0
1ST	12+1/4	8+5/8	32	4,200	1,033	4,200	0
2ND	7+7/8	5+1/2	17	6,600	584	6,600	0

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

33. Comments SIDETRACK FOR API #05-071-09733

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: KELLY SMALL

Title: REGULATORY Date: 10/23/2009 Email: KELLY.SMALL@XTOENERGY

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: David S. Neslin Director of COGCC Date: 11/3/2009

API NUMBER
05 071 09733 01

Permit Number: _____ Expiration Date: 11/2/2011

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.

1) Set intermediate casing at least 200' below base of Trinidad formation, cement from TD to surface, or cement from TD to 50' above surface casing shoe and verify coverage with CBL. 2) Provide cement coverage of production casing from TD to 200' above Dakota. Verify coverage with CBL. 3) Immediately cease operations and notify the COGCC in the event of any operational problem that could potentially impact water wells in the area. 4) Approval of this permit does not authorize injection. Approval of COGCC Forms 31 and 33 required prior to injection.

Attachment Check List

Att Doc Num	Name	Doc Description
400011483	FORM 2 SUBMITTED	LF@2172250 400011483
400013396	APD ORIGINAL	LF@2164223 400013396

Total Attach: 2 Files