

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:

2557178

Plugging Bond Surety

3. Name of Operator: EXXON MOBIL CORPORATION

4. COGCC Operator Number: 28600

5. Address: P O BOX 4358

City: HOUSTON State: TX Zip: 77210-4358

6. Contact Name: MARK DEL PICO Phone: (281)654-1926 Fax: (281)654-1940  
Email: MARK DELPICO@EXXONMOBIL.COM

7. Well Name: FREEDOM UNIT Well Number: 197-21B10

8. Unit Name (if appl): FREEDOM UNIT Unit Number: COC069547  
X

9. Proposed Total Measured Depth: 13700

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 21 Twp: 1S Rng: 97W Meridian: 6

Latitude: 39.947141 Longitude: -108.288866

Footage at Surface: 1649 FNL/FSL FSL 2235 FEL/FWL FWL

11. Field Name: PICEANCE CREEK Field Number: 68800

12. Ground Elevation: 6090 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 11/18/2008 PDOP Reading: 1.8 Instrument Operator's Name: D. PETTY

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

Footage at Top of Prod Zone: FNL/FSL 2133 FSL 1200 FWL FWL Bottom Hole: FNL/FSL 2133 FSL 1200 FEL/FWL FWL  
Sec: 21 Twp: 1S Rng: 97W Sec: 21 Twp: 1S Rng: 97W

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: 520 ft

18. Distance to nearest property line: 446 ft 19. Distance to nearest well permitted/completed in the same formation: 933 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.)
MESAVERDE	MVRD			
OHIO CREEK	OHCRK			
WASATCH	WSTC			

21. Mineral Ownership: ☐ Fee ☐ State ☒ Federal ☐ Indian Lease #: COC61715

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 Bond ☐ \$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 MAP AND MINERAL LEASE DESCRIPTION

25. Distance to Nearest Mineral Lease Line: 1492 ft 26. Total Acres in Lease: 1952

### 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: BURIAL

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	LINEPIPE	120	100	120	0
SURF	14+3/4	10+3/4	45.5	4,200	2,350	4,200	0
1ST	9+7/8	7	26	9,400	1,420	9,400	4,100
2ND	6+1/8	4+1/2	15.1	13,700	630	13,700	7,100

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

33. Comments REFILE OF EXISTING APD EXPIRING ON 06/29/2010. PAD HAS NOT BEEN BUILT, SO ALSO FILING A FORM 2A. NO CHANGES TO APPROVED APD.

34. Location ID: 413808

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: MARK DEL PICO

Title: REGULATORY Date: 4/27/2010 Email: MARK\_DELPICO@EXXONMO

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: 6/3/2010

#### API NUMBER

05 103 11528 00

Permit Number: \_\_\_\_\_ Expiration Date: 6/2/2012

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) COMPLY WITH NOTIFICATION REQUIREMENTS OF THE MOST CURRENT VERSION OF THE NORTHWEST COLORADO NOTIFICATION POLICY.

24-HOUR NOTICE TO MOVE ON LOCATION REQUIRED. E-MAIL Mike.Longworth@state.co.us

ALSO E-MAIL Shaun.Kellerby@state.co.us

(2) RESERVE PIT MUST BE LINED.

(3) CEMENT-TOP VERIFICATION BY CBL REQUIRED.

(4) OPERATOR MUST ENSURE 110 PERCENT SECONDARY CONTAINMENT FOR ANY VOLUME OF FLUIDS CONTAINED AT WELL-SITE DURING DRILLING AND COMPLETION OPERATIONS. IF FLUIDS ARE CONVEYED VIA PIPELINE, OPERATOR MUST IMPLEMENT BEST-MANAGEMENT-PRACTICES TO CONTAIN ANY UNINTENTIONAL RELEASE OF FLUIDS.

(5) THE MOISTURE CONTENT OF ANY DRILL CUTTINGS IN A CUTTINGS PIT, TRENCH, OR PILE SHALL BE AS LOW AS PRACTICABLE TO PREVENT ACCUMULATION OF LIQUIDS GREATER THAN DE-MINIMIS AMOUNTS. AT THE TIME OF CLOSURE, THE DRILL CUTTINGS MUST ALSO MEET THE APPLICABLE STANDARDS OF TABLE 910-1.

(6) THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1-MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1-MILE IS 2253 FEET DEEP.

### **Attachment Check List**

Att Doc Num	Name	Doc Description
2557178	APD ORIGINAL	LF@2458857 2557178

Total Attach: 1 Files