

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:

400092635

Plugging Bond Surety

3. Name of Operator: XTO ENERGY INC 4. COGCC Operator Number: 1002645. Address: 382 CR 3100City: AZTEC State: NM Zip: 874106. Contact Name: Kelly Kardos Phone: (505)333-3145 Fax: (505)213-0546Email: kelly_kardos@xtoenergy.com7. Well Name: UTE GOVT Well Number: 101

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

9. Proposed Total Measured Depth: 3308

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 36 Twp: 33N Rng: 7W Meridian: NLatitude: 37.057160 Longitude: -107.564400Footage at Surface: 1419 FNL/FSL FSL 1351 FEL/FWL FWL11. Field Name: IGNACIO BLANCO Field Number: 3830012. Ground Elevation: 6412 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 03/27/2007 PDOP Reading: 6.0 Instrument Operator's Name: DAVID ALEXANDER JOHNSON15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 1896 FSL 2341 FWL 1994 FEL/FWL 2500 FWL
Sec: 36 Twp: 33N Rng: 7W Sec: 36 Twp: 33N Rng: 7W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 220 ft18. Distance to nearest property line: 1224 ft 19. Distance to nearest well permitted/completed in the same formation: 1025 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.)
FRUITLAND COAL	FRLDC	112-185	320	S/2

21. Mineral Ownership: Fee State Federal Indian Lease #: I-22-IND-2759

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):
T33N, R7W: Sec. 35: SE/4, Sec. 36: S/2

25. Distance to Nearest Mineral Lease Line: 660 26. Total Acres in Lease: 480

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: CLOSED LOOP MUD SYTE

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
SURF	12+1/4	8+5/8	24	225	134	225	0
1ST	7+7/8	5+1/2	15.5	3,308	417	3,308	0

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

33. Comments No conductor csg will be set. Proposed well on existing Ute Govt #100 and Ute #1 well pad.

34. Location ID: 312067

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 K. Kardos

Title: Sr. Permitting Tech Date: _____ Email: kelly_kardos@xtoenergy.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

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
400092742	WELL LOCATION PLAT	Ute Govt #101 Location Plat.pdf
400092743	TOPO MAP	Ute Govt #101 Topo.pdf
400092744	CONSULT NOTICE	Ute Govt #101 Rule 306.pdf
400092745	PROPOSED BMPs	Ute Govt #101 Proposed BMPs.pdf
400092747	DEVIATED DRILLING PLAN	Directional Plan.pdf
400092748	FED. DRILLING PERMIT	Ute Govt #101 Federal APD.pdf

Total Attach: 6 Files

BMP

<u>Type</u>	<u>Comment</u>
Site Specific	See Attached

Total: 1 comment(s)