

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



DE ET OE ES

## 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:

400098203

Plugging Bond Surety

20010158

3. Name of Operator: BP AMERICA PRODUCTION COMPANY 4. COGCC Operator Number: 100005. Address: 501 WESTLAKE PARK BLVDCity: HOUSTON State: TX Zip: 770796. Contact Name: Susan Folk Phone: (970)335-3828 Fax: (970)335-3837Email: susan.folk@bp.com7. Well Name: McCarville GU B Well Number: 4

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

9. Proposed Total Measured Depth: 3664

## WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 14 Twp: 33N Rng: 9W Meridian: NLatitude: 37.105820 Longitude: -107.792140Footage at Surface: 1967 FNL/FSL FNL 1581 FEL/FWL FEL11. Field Name: Ignacio Blanco Field Number: 3830012. Ground Elevation: 6686.7 13. County: LA PLATA

## 14. GPS Data:

Date of Measurement: 04/05/2010 PDOP Reading: 1.5 Instrument Operator's Name: Bill Mitchell15. 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 \_\_\_\_\_

829 FNL 818 FEL 787 FNL 791 FELSec: 14 Twp: 33N Rng: 9W Sec: 14 Twp: 33N Rng: 9W16. Is location in a high density area? (Rule 603b)?  Yes  No17. Distance to the nearest building, public road, above ground utility or railroad: 215 ft18. Distance to nearest property line: 301 ft 19. Distance to nearest well permitted/completed in the same formation: 1380 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	112-190	320	E/2

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):  
E/2E/2 Sec 14, T33N, R9W N.M.P.M. plus additional acres

25. Distance to Nearest Mineral Lease Line: 484 ft 26. Total Acres in Lease: 520

### 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: Recycle/Reuse

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	20	350	261	350	
1ST	7+7/8	5+1/2	15.5	3,664	474	3,664	

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

33. Comments Waiver to the 30 day notice (Rule 305) and waiver to the consultation (Rule 306) can be found in the attached SUA. No conductor casing will be used.

34. Location ID: 306912

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: Susan Folk

Title: Infill Permit Coordinator Date: \_\_\_\_\_ Email: susan.folk@bp.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: \_\_\_\_\_

<b>API NUMBER</b>	Permit Number: _____	Expiration Date: _____
05	<b>CONDITIONS OF APPROVAL, IF ANY:</b> _____	

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
400098252	OTHER	Mc Carville GU B #4 Basin Operators Checklist.pdf
400098253	DOW CONSULTATION	McCarville GU B #4 DOW Letter.pdf
400098254	WELL LOCATION PLAT	MCCARVILLE GU B #4 PlatwBHL.pdf
400098255	OTHER	MCCARVILLE_GUB4_WELLHEAD_DIST.pdf
400098256	TOPO MAP	MCCARVILLE_GUB4_TOPO.pdf
400098257	MINERAL LEASE MAP	McCarville GU B #4 Mineral Lease Map.PDF
400098259	SURFACE AGRMT/SURETY	McCarville GU B #4 SUA.PDF
400098262	DRILLING PLAN	MCCARVILLE_GUB4_PLAN 1 NUDGE S SHAPE PROP.pdf

Total Attach: 8 Files