

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:

400098203

Plugging Bond Surety

20010158

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: BP AMERICA PRODUCTION COMPANY

4. COGCC Operator Number: 10000

5. Address: 501 WESTLAKE PARK BLVD

City: HOUSTON State: TX Zip: 77079

6. Contact Name: Susan Folk Phone: (970)335-3828 Fax: (970)335-3837

Email: susan.folk@bp.com

7. 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: N

Latitude: 37.105820 Longitude: -107.792140

FNL/FSL

FEL/FWL

Footage at Surface: 1967 FNL 1581 FEL

11. Field Name: Ignacio Blanco Field Number: 38300

12. 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 Mitchell

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

829 FNL 818 FEL 787 FNL 791 FEL

Sec: 14 Twp: 33N Rng: 9W Sec: 14 Twp: 33N Rng: 9W

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: 215 ft

18. 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: _____

API NUMBER

05

Permit Number: _____ Expiration Date: _____

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
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