

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:

400095459

Plugging Bond Surety

20030058

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: EOG RESOURCES INC 4. COGCC Operator Number: 27742

5. Address: 600 17TH ST STE 1100N
City: DENVER State: CO Zip: 80202

6. Contact Name: Jennifer Yu Phone: (303)824-5576 Fax: (303)824-5577
Email: jennifer_yu@eogresources.com

7. Well Name: Bessie Well Number: 09-11H

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

9. Proposed Total Measured Depth: 11830

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 11 Twp: 11N Rng: 63W Meridian: 6

Latitude: 40.942783 Longitude: -104.407628

Footage at Surface: 501 FNL 550 FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 5269 13. County: WELD

14. GPS Data:

Date of Measurement: 09/01/2009 PDOP Reading: 1.0 Instrument Operator's Name: Robert L. Kay

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
970 FNL 639 FWL 600 FSL 2600 FWL

Sec: 11 Twp: 11N Rng: 63W Sec: 11 Twp: 11N Rng: 63W

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: 501 ft

18. Distance to nearest property line: 501 ft 19. Distance to nearest well permitted/completed in the same formation: 1590 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.)
Niobrara	NBRR	421-1	640	

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#: 20090114

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 sheet

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 1071

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: Backfill and cover

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	42	60	50	60	0
SURF	13+1/2	9+5/8	36	1,350	705	1,350	0
1ST	8+3/4	7	23	7,558	800	7,558	0
1ST LINER	6	4+1/2	11.6	11,830	310	11,830	6,808

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

33. Comments _____

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: Jennifer Yu

Title: Regulatory Admin Date: _____ Email: jennifer_yu@eogresources.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
400096771	TOPO MAP	Bessie 09-11H Topo Map.pdf
400096775	LEGAL/LEASE DESCRIPTION	Bessie 09-11H Lease Desc.pdf
400103066	DRILLING PLAN	Bessie 9-11H Drlg Plan Revised.pdf
400103067	DEVIATED DRILLING PLAN	Bessie 09-11H_APD Directional Plot Revised.pdf
400103068	PLAT	Bessie 9-11H Plat.pdf

Total Attach: 5 Files