

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:

400141102

Plugging Bond Surety

20030058

3. Name of Operator: EOG RESOURCES INC 4. COGCC Operator Number: 277425. Address: 600 17TH ST STE 1100NCity: DENVER State: CO Zip: 802026. Contact Name: Kaylene Gardner Phone: (435)781-9111 Fax: (435)789-7633Email: Kaylene_Gardner@eogresources.com7. Well Name: Igo Creek Well Number: 14-20H

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

9. Proposed Total Measured Depth: 10506

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 20 Twp: 9N Rng: 59W Meridian: 6Latitude: 40.741781 Longitude: -104.001411Footage at Surface: 501 feet FNL 2445 feet FEL
FNL/FSL FEL/FWL11. Field Name: Wildcat Field Number: 9999912. Ground Elevation: 4978 13. County: WELD

14. GPS Data:

Date of Measurement: 12/09/2010 PDOP Reading: 3.0 Instrument Operator's Name: Robert Kay15. 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
950 FNL 2274 FEL 600 FSL 860 FEL
Sec: 20 Twp: 9N Rng: 59W Sec: 20 Twp: 9N Rng: 59W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 486 ft18. Distance to nearest property line: 501 ft 19. Distance to nearest well permitted/completed in the same formation: 3970 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			

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):
Please see attached lease description.

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 4055

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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite **If 28, 29, or 30 are "Yes" a pit permit may be required.**

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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	20	16	42	0	60	50	60	0
SURF	13+1/2	9+5/8	36	0	800	420	800	0
1ST	8+3/4	7	23	0	6,492	690	6,492	0
1ST LINER	6	4+1/2	11.6	5742	10,506	295	10,506	5,742

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: Kaylene Gardner

Title: Sr. Regulatory Admin. Date: _____ Email: Kaylene_Gardner@eogresourc

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 Permit Number: _____ Expiration Date: _____

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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.

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Attachment Check List

Att Doc Num	Name
400141413	DEVIATED DRILLING PLAN
400141415	DRILLING PLAN
400141416	PLAT
400141417	TOPO MAP
400141720	LEGAL/LEASE DESCRIPTION

Total Attach: 5 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)

BMP

Type	Comment

Total: 0 comment(s)