


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
APPLICATION FOR PERMIT TO:			Document Number: 400145042 Plugging Bond Surety 20040083				
1. <input checked="" type="checkbox"/> Drill, <input type="checkbox"/> Deepen, <input type="checkbox"/> Re-enter, <input type="checkbox"/> Recomplete and Operate							
2. TYPE OF WELL OIL <input type="checkbox"/> GAS <input type="checkbox"/> COALBED <input checked="" type="checkbox"/> OTHER _____ SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input checked="" type="checkbox"/> COMMINGLE ZONE <input checked="" type="checkbox"/>		Refiling <input checked="" type="checkbox"/> Sidetrack <input type="checkbox"/>					
3. Name of Operator: <u>PIONEER NATURAL RESOURCES USA INC</u>		4. COGCC Operator Number: <u>10084</u>					
5. Address: <u>1401 17TH ST STE 1200</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>							
6. Contact Name: <u>Georgina Kovacik</u> Phone: <u>(303)675-2611</u> Fax: <u>(303)294-1251</u> Email: <u>georgina.kovacik@pxd.com</u>							
7. Well Name: <u>SEABISKET</u>		Well Number: <u>13-20</u>					
8. Unit Name (if appl): <u>Sangre de Crist</u>		Unit Number: <u>COC60203A</u>					
9. Proposed Total Measured Depth: <u>3215</u>							
WELL LOCATION INFORMATION							
10. QtrQtr: <u>NW/SW</u> Sec: <u>20</u> Twp: <u>32S</u> Rng: <u>67W</u> Meridian: <u>6</u> Latitude: <u>37.242730</u> Longitude: <u>-104.919980</u>							
Footage at Surface: <u>2117</u> feet FNL/FSL <u>FSL</u> <u>14</u> feet FEL/FWL <u>FWL</u>							
11. Field Name: <u>Purgatoire River</u>		Field Number: <u>70830</u>					
12. Ground Elevation: <u>8000</u>		13. County: <u>LAS ANIMAS</u>					
14. GPS Data: Date of Measurement: <u>12/02/2010</u> PDOP Reading: <u>3.0</u> Instrument Operator's Name: <u>R. Coberly</u>							
15. If well is <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal (highly deviated) submit deviated drilling plan. Footage at Top of Prod Zone: FNL/FSL FEL/FWL Bottom Hole: FNL/FSL FEL/FWL _____ Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____							
16. Is location in a high density area? (Rule 603b)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
17. Distance to the nearest building, public road, above ground utility or railroad: <u>1020</u> ft							
18. Distance to nearest property line: <u>14</u> ft 19. Distance to nearest well permitted/completed in the same formation: <u>1575</u> ft							
20. LEASE, SPACING AND POOLING INFORMATION							
Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well				
Raton/Vermejo	RT-VJ						
Unit Configuration (N/2, SE/4, etc.)							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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):
see attached

25. Distance to Nearest Mineral Lease Line: _____ 14 ft 26. Total Acres in Lease: _____ 35

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

Method: ☐ Land Farming ☐ Land Spreading ☐ Disposal Facility Other: Drilling pit

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	12+3/4	12+3/4	33.38	0	6			
SURF	11	8+5/8	24	0	1,210	254	1,210	0
1ST	7+7/8	5+1/2	15.5	0	3,215	476	3,215	0

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

33. Comments The conductor casing will be hammered in. This APD was previously permitted for the Seabasket 13-20 Tr, the well location is the same but the well was commingled so its now Seabasket 13-20.

34. Location ID: 309573

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: Georgina Kovacic

Title: Engineering Tech Date: 3/23/2011 Email: georgina.kovacik@pxd.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: David S. Neslin Director of COGCC Date: 5/17/2011

API NUMBER

05 071 09711 00

Permit Number: _____ Expiration Date: 5/16/2013

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.

- 1) Provide 48 hour notice of MIRU to John Duran at 719-846-4715 email John.Duran@state.co.us.
- 2) Provide cement coverage of production casing from TD to surface casing shoe or above. Verify coverage with cement bond log.
- 3) Immediately cease operations and notify the COGCC in the event of any operational problem that could impact water wells in the area.

Attachment Check List

Att Doc Num	Name
	WELL LOCATION PLAT
2111532	SURFACE CASING CHECK
400145042	FORM 2 SUBMITTED
400145242	LEGAL/LEASE DESCRIPTION
400145243	WELL LOCATION PLAT
400145269	EXCEPTION LOC REQUEST
400145270	EXCEPTION LOC WAIVERS
400145271	30 DAY NOTICE LETTER

Total Attach: 8 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Agency	The location is 14 from a property line which is an exception to 603.a. Attached is a request for the exception and a waiver of the encroachment.	5/17/2011 12:04:48 PM
Permit	Received corrected well location plat. BY	5/17/2011 9:36:44 AM
Permit	Requested new plat which reflects the 400' distance requirements versus the supplied one that has 200'. Emailed Georgina. BY	5/16/2011 12:50:09 PM
Permit	Back to draft at opr-Georgina's request. sf	3/23/2011 1:58:53 PM

Total: 4 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)