

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:
400164905
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 COMMINGLE

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: Kaylene Gardner Phone: (435)781-9111 Fax: (435)789-7633
Email: Kaylene_Gardner@eogresources.com

7. Well Name: Snow Draw Well Number: 11-18H

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

9. Proposed Total Measured Depth: 10829

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 18 Twp: 8N Rng: 60W Meridian: 6
Latitude: 40.656403 Longitude: -104.126753

Footage at Surface: 501 feet FSL 501 feet FEL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 4943 13. County: WELD

14. GPS Data:

Date of Measurement: 02/25/2011 PDOP Reading: 2.2 Instrument Operator's Name: Robert Kay

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: 933 FSL 722 FEL Bottom Hole: 600 FNL 2639 FEL
Sec: 18 Twp: 8N Rng: 60W Sec: 18 Twp: 8N Rng: 60W

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: 5808 ft

18. Distance to nearest property line: 501 ft 19. Distance to nearest well permitted/completed in the same formation: 1390 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	535-3	640	All

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 Surface Owners Agreement Attached or \$25,000 Blanket Surface Bond \$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: 4254

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: _____

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	6,660	705	6,660	0
1ST LINER	6	4+1/2	11.6	5910	10,829	305	10,829	5,910

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

33. Comments The distance to the nearest well permitted or completed in the same formation was determined from the SHL of this location to the SHL of the proposed EOG resources Snow Draw 13-20H.

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

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
400165475	DRILLING PLAN
400165476	DEVIATED DRILLING PLAN
400165477	PLAT
400167364	TOPO MAP
400167487	LEGAL/LEASE DESCRIPTION

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

BMP

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

Total: 0 comment(s)