

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:
400159815
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: Nanette Lupcho Phone: (435)781-9157 Fax: (435)789-7633
Email: nanette_lupcho@eogresources.com

7. Well Name: Sandborn Well Number: 12-26H

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

9. Proposed Total Measured Depth: 10356

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 26 Twp: 5N Rng: 61W Meridian: 6
Latitude: 40.378019 Longitude: -104.175194

Footage at Surface: 501 feet FNL 2479 feet FEL
FNL/FSL FEL/FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 4572 13. County: WELD

14. GPS Data:

Date of Measurement: 02/03/2011 PDOP Reading: 1.8 Instrument Operator's Name: Robert Kay

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

Footage at Top of Prod Zone: 939 FNL 2286 FEL 600 FSL 600 FEL
Bottom Hole: FNL/FSL FEL/FWL
Sec: 26 Twp: 5N Rng: 61W Sec: 26 Twp: 5N Rng: 61W

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: 4840 ft

18. Distance to nearest property line: 185 ft 19. Distance to nearest well permitted/completed in the same formation: 4970 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	535-4	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).
Township 5 North Range 61 West of the 6th P.M.; Section 24: SE; Section 26: NW, SW, NE, SE

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 800

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	6,221	660	6,221	0
2ND	6	4+1/2	11.6	5471	10,356	300	10,356	5,471

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

33. Comments This is a dual-pad wellsite. The distance to the nearest well in the same formation was measured from the SHL of this location to the SHL of the Bonanza Creek Pronghorn 34-22, API No. 05-123-23918.

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: Nanette Lupcho

Title: Regulatory Assistant Date: _____ Email: nanette_lupcho@eogresources.

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
400159818	DRILLING PLAN
400159819	DEVIATED DRILLING PLAN
400160848	TOPO MAP
400162519	PLAT
400170112	SURFACE OWNER CONSENT

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)