

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:
400149668
Plugging Bond Surety
20040083

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: PIONEER NATURAL RESOURCES USA INC 4. COGCC Operator Number: 10084

5. Address: 1401 17TH ST STE 1200
City: DENVER State: CO Zip: 80202

6. Contact Name: Georgina Kovacik Phone: (303)675-2611 Fax: (303)294-1251
Email: georgina.kovacik@pxd.com

7. Well Name: DIVIDE Well Number: 14-26

8. Unit Name (if appl): Sangrede Cristo Unit Number: COC60203A

9. Proposed Total Measured Depth: 2935

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 26 Twp: 32S Rng: 68W Meridian: 6
Latitude: 37.224130 Longitude: -104.970310

Footage at Surface: 989 feet FSL 1269 feet FWL

11. Field Name: Purgatoire River Field Number: 70830

12. Ground Elevation: 8217 13. County: LAS ANIMAS

14. GPS Data:

Date of Measurement: 05/15/2006 PDOP Reading: 2.5 Instrument Operator's Name: R. Coberly

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 _____
Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____

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: 900 ft

18. Distance to nearest property line: 154 ft 19. Distance to nearest well permitted/completed in the same formation: 1522 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.)
Raton-Vermejo Coals	RT-VJ			

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 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):
see attached

25. Distance to Nearest Mineral Lease Line: 3116 ft 26. Total Acres in Lease: 3040

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: 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	885	186	885	0
1ST	7+7/8	5+1/2	15.5	0	2,935	435	2,935	0

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

33. Comments The conductor casing will be hammered in.

34. Location ID: 308995

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 Kovacik

Title: Engineering Tech Date: 4/4/2011 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. Noshin Director of COGCC Date: 6/7/2011

API NUMBER 05 071 08933 00	Permit Number: _____ Expiration Date: <u>6/6/2013</u>
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CONDITIONS OF APPROVAL, IF ANY: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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 or email John.Duran@state.co.us.
- 2) Provide cement coverage of production casing from TD to 50' above surface casing shoe. Verify coverage with cement bond log.
- 3) Immediately cease operations and notify the COGCC in the event of any operational problem that could potentially impact water wells in the area.

Attachment Check List

Att Doc Num	Name
1792179	WELL LOCATION PLAT
2112495	SURFACE CASING CHECK
400149668	FORM 2 SUBMITTED
400149749	LEGAL/LEASE DESCRIPTION
400149750	30 DAY NOTICE LETTER
400149752	SURFACE AGRMT/SURETY
400149753	WELL LOCATION PLAT
400149913	CONSULT NOTICE

Total Attach: 8 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Received new well location plat and verification of the 900' distance to nearest facility. BY	6/6/2011 9:29:48 AM
Permit	Requested a "new" plat the meets the 400' requirements. Emailed Georgina with request. BY	5/11/2011 9:36:35 AM

Total: 2 comment(s)

BMP

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

Total: 0 comment(s)