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Document Number:
400168609

Plugging Bond Surety

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: BP AMERICA PRODUCTION COMPANY 4. COGCC Operator Number: 10000
 5. Address: 501 WESTLAKE PARK BLVD
 City: HOUSTON State: TX Zip: 77079
 6. Contact Name: Kris Lee Phone: (303)659-9581 Fax: (303)659-8209
 Email: leeka@bp.com
 7. Well Name: Lechner, Opal GU A Well Number: 4
 8. Unit Name (if appl): n/a Unit Number: _____
 9. Proposed Total Measured Depth: 3699

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 6 Twp: 33N Rng: 8w Meridian: N
 Latitude: 37.135460 Longitude: -107.754220
 Footage at Surface: 1789 feet FNL/FSL FNL 1189 feet FEL/FWL FEL
 11. Field Name: Ignacio Blanco Field Number: 38300
 12. Ground Elevation: 6636 13. County: LA PLATA

14. GPS Data:
 Date of Measurement: 12/03/2008 PDOP Reading: 2.0 Instrument Operator's Name: Bill Mitchell

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 1823 FNL 2703 FEL 2703 FEL/FWL FEL Bottom Hole: FNL/FSL 1830 FNL 2755 FEL/FWL FEL
 Sec: 3 Twp: 33n Rng: 8w Sec: 6 Twp: 33N Rng: 8W

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: 1151 ft
 18. Distance to nearest property line: 170 ft 19. Distance to nearest well permitted/completed in the same formation: 1370 ft

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.)
Fruitland Coal	FRLDC	112-19	320	n/2

21. Mineral Ownership: Fee State Federal Indian Lease #: MOOC 142015
 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):

Lots 2,3,4 SE/4NW4, SW/4NE/4, Section 6, T33N-R8W, NMPM plus additional acres

25. Distance to Nearest Mineral Lease Line: 1830 ft 26. Total Acres in Lease: 319

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: Recycle/reuse

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
SURF	12+1/4	8+5/8	20	0	850	617	850	
1ST	7+7/8	5+1/2	15.5	0	3,699	210	3,699	

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

33. Comments Waiver to 30 day rule and waiver to consultation can be found in attached SUA. No conductor casing will be used. BHL location changed on this location from original apd. New plat and directional plan are attached

34. Location ID: 306843

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: Kristina Lee

Title: Regulatory Consultant Date: 6/30/2011 Email: leeka@bp.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: _____ Director of COGCC Date: _____

API NUMBER

05 067 09754 00

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
400168609	FORM 2 SUBMITTED
400180645	PLAT
400180646	DEVIATED DRILLING PLAN

Total Attach: 3 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)