


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
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APPLICATION FOR PERMIT TO:			Document Number: <div style="text-align: center;">400184218</div> Plugging Bond Surety <div style="text-align: center;">20030058</div>				
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 checked="" type="checkbox"/> GAS <input type="checkbox"/> COALBED <input type="checkbox"/> OTHER _____ SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/> COMMINGLE ZONE <input type="checkbox"/>		Refiling <input type="checkbox"/> Sidetrack <input type="checkbox"/>					
3. Name of Operator: <u>EOG RESOURCES INC</u>		4. COGCC Operator Number: <u>27742</u>					
5. Address: <u>600 17TH ST STE 1100N</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>							
6. Contact Name: <u>Nanette Lupcho</u> Phone: <u>(435)781-9157</u> Fax: <u>(435)789-7633</u> Email: <u>nanette_lupcho@eogresources.com</u>							
7. Well Name: <u>Longhorn</u>		Well Number: <u>6-36H</u>					
8. Unit Name (if appl): _____		Unit Number: _____					
9. Proposed Total Measured Depth: <u>12320</u>							
WELL LOCATION INFORMATION							
10. QtrQtr: <u>NENE</u> Sec: <u>36</u> Twp: <u>12N</u> Rng: <u>63W</u> Meridian: <u>6</u> Latitude: <u>40.971978</u> Longitude: <u>-104.373508</u>							
Footage at Surface: <u>501</u> feet FNL/FSL <u>FNL</u> <u>501</u> feet FEL/FWL <u>FEL</u>							
11. Field Name: <u>Wildcat</u>		Field Number: <u>99999</u>					
12. Ground Elevation: <u>5393</u>		13. County: <u>WELD</u>					
14. GPS Data: Date of Measurement: <u>06/29/2011</u> PDOP Reading: <u>2.4</u> Instrument Operator's Name: <u>Robert L Kay</u>							
15. If well is <input type="checkbox"/> Directional <input checked="" 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 <div style="display: flex; justify-content: space-around;"> <u>767</u> <u>FNL</u> <u>896</u> <u>FEL</u> <u>2070</u> <u>FSL</u> <u>600</u> <u>FWL</u> </div> Sec: <u>36</u> Twp: <u>12N</u> Rng: <u>63W</u> Sec: <u>36</u> Twp: <u>12N</u> Rng: <u>63W</u>							
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>477 ft</u>							
18. Distance to nearest property line: <u>477 ft</u> 19. Distance to nearest well permitted/completed in the same formation: <u>100 ft</u>							
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	421-8	640	ALL			

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):
Township 12N, Range 63W, Section 36 of the 6th PM : ALL

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 640

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	1,510	780	1,510	0
1ST	8+3/4	7	23	0	7,788	825	7,788	0
1ST LINER	6	4+1/2	11.6	7038	12,320	325	12,320	7,038

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

33. Comments Distance to nearest well permitted/completed in the same formation was calculated from the SHL of the EOG Fox Creek 2-36H location, to the SHL of the proposed Longhorn 6-36H.

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: 7/12/2011 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: David S. Nesline Director of COGCC Date: 8/2/2011

API NUMBER

05 123 34091 00

Permit Number: _____ Expiration Date: 8/1/2013

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.

During the fracing of this horizontal well, the operator is to monitor the casing and bradenhead pressures of the all existing wells within 500 feet for a period of 24-hours and report bradenhead and casing pressure to the COGCC staff via a sundry.

The operator must run (measure while drilling) tools to enable detailed depth and lateral control in order to avoid collision with the existing Longhorn B 5-36H and Longhorn B 3-36 wells.

1)Note surface casing setting depth change from 1495' to 1510'. Increase cement coverage accordingly and cement to surface.

2)Provide 24 hour notice of MIRU to Bo Brown via e-mail at bo.brown@state.co.us.

3)Comply with Rule 317.i and provide cement coverage from the end of the production casing to a minimum of 200' above the Niobrara. Verify coverage with cement bond log.

4)Comply with Rule 321. Run and submit Directional Survey from the end of production casing to base of surface casing. Ensure that the wellbore complies with setback requirements in commission orders or rules prior to producing the well.

Attachment Check List

Att Doc Num	Name
2481064	SURFACE CASING CHECK
400184218	FORM 2 SUBMITTED
400184392	DRILLING PLAN
400184393	DEVIATED DRILLING PLAN
400184394	TOPO MAP
400184396	PLAT

Total Attach: 6 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)

BMP

Type	Comment

Total: 0 comment(s)