

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2587271

PluggingBond SuretyID

20050116

APPLICATION FOR PERMIT TO:

1. ☐ Drill, ☐ Deepen, ☐ Re-enter, ☒ **Recomplete and Operate**

2. TYPE OF WELL

OIL ☐ GAS ☐ COALBED ☐ OTHER gas storage-disposal
SINGLE ZONE ☐ MULTIPLE ☐ COMMINGLE ☐

Refiling ☐

Sidetrack ☐

3. Name of Operator: PUBLIC SERVICE COMPANY OF COLORADO

4. COGCC Operator Number: 72400

5. Address: 1123 W 3RD AVE

City: DENVER State: CO Zip: 80223

6. Contact Name: STEVE RICHARDSON Phone: (303)571-3223 Fax: (303)571-3524

Email: STEVE.RICHARDSON@XCELENERGY.COM

7. Well Name: ROUNDUP Well Number: #5 GAS STORAGE

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

9. Proposed Total Measured Depth: 6730

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 22 Twp: 2N Rng: 60W Meridian: 6

Latitude: 40.119320 Longitude: -104.086880

Footage at Surface: 860 feet FSL 1980 feet FWL

11. Field Name: ROUNDUP Field Number: 74950

12. Ground Elevation: 4648 13. County: MORGAN

14. GPS Data:

Date of Measurement: 06/30/3010 PDOP Reading: 1.2 Instrument Operator's Name: PAUL KELLOGG

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: 829 ft

18. Distance to nearest property line: 660 ft 19. Distance to nearest well permitted/completed in the same formation: _____

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.)
LAKOTA SANDS	LKTA			

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):

SW/4

25. Distance to Nearest Mineral Lease Line: 660 26. Total Acres in Lease: 160

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
SURF	12+1/4	8+5/8	24	0	252	300		
1ST	7+7/8	4+1/2	10.5	0	6,730	1,880		

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

33. Comments THIS WELL IS ALREADY DRILLED TO THE DESIRED TD. THE RE-COMPLETION PLAN IS TO SQUEEZE OFF THE J-SANDS PERFORATIONS AT 6399'-6416' AND RE-COMplete THE WELL IN THE LOWER LAKOTA SANDS FROM 6673'-6706' FOR THE PURPOSE OF PRODUCED WATER DISPOSAL.

34. Location ID: 333104

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: STEVE RICHARDSON

Title: DIRECTOR, GAS ENGINEER Date: 6/14/2011 Email: STEVE.RICHARDSON@

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: 9/9/2011

API NUMBER

05 087 07427 00

Permit Number: _____ Expiration Date: 9/8/2013

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.

1. Provide 24 hr notice of spud to Colby Horton at 970-867-2517 or colby.horton@state.co.us. 2. Set surface casing 175' minimum, per Rule 317d, cement to surface. Setting surface casing less than the approved depth is a permit violation unless prior written approval is obtained from the COGCC. 3) Provide cement coverage from TD to a minimum of 200' above the Niobrara. Verify coverage with cement bond log.

Attachment Check List

Att Doc Num	Name
2587271	FORM 2 SUBMITTED
2587272	OTHER
2587273	WELLBORE DIAGRAM

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Made contact Nat Olowu.	7/28/2011 10:57:03 AM
Permit	Telephone number on the permit is no good. Waiting for a response from an email. Telephone number corrected. DMO	7/21/2011 12:48:37 PM

Total: 2 comment(s)

BMP

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

Total: 0 comment(s)