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Document Number: 400215322			
PluggingBond SuretyID 20040083			

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: 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: Judy Glinisty Phone: (303)675-2658 Fax: (303)294-1275
 Email: Judy.Glinisty@pxd.com

7. Well Name: Gabriel Well Number: 14-12

8. Unit Name (if appl): N/A Unit Number: N/A

9. Proposed Total Measured Depth: 835

WELL LOCATION INFORMATION

10. QtrQtr: SW/SW Sec: 12 Twp: 34S Rng: 65W Meridian: 6
 Latitude: 37.095410 Longitude: -104.629810

Footage at Surface: 1134 feet FSL 446 feet FWL

11. Field Name: Purgatoire River Field Number: 70830

12. Ground Elevation: 6548 13. County: LAS ANIMAS

14. GPS Data:
 Date of Measurement: 06/28/2007 PDOP Reading: 2.4 Instrument Operator's Name: Ryan 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: 160 ft
 18. Distance to nearest property line: 248 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1512 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.)
Raton-Vermejo	RT-VJ	N/A		N/A

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: 1073 ft 26. Total Acres in Lease: 791

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+1/4	13+3/8	33.38	0	6			
SURF	12+1/4	8+5/8	24	0	400	84	400	0
1ST	7+7/8	5+1/2	15.5	0	835	124	835	0

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

33. Comments The conductor casing will be hammered in. Surface casing exception required for 400' due to the COGCC requiring at surface casing depth of 595'. This would leave behind ~20' of net Raton 100% of net Kv coal. Water well is 1048' away and the receipt number is 0382526.

34. Location ID: 386820

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: Judy Glinisty

Title: Sr. Engineering Tech Date: _____ Email: Judy.Glinisty@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: _____ Director of COGCC Date: _____

API NUMBER

05 071 09418 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
400215359	30 DAY NOTICE LETTER
400215375	LEGAL/LEASE DESCRIPTION
400215376	CONSULT NOTICE
400215377	SURFACE AGRMT/SURETY
400216951	WELL LOCATION PLAT

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)