

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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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

Document Number:

400227635

PluggingBond SuretyID

19880020

3. Name of Operator: MARATHON OIL COMPANY

4. COGCC Operator Number: 53650

5. Address: 5555 SAN FELIPE

City: HOUSTON State: TX Zip: 77056

6. Contact Name: Tiffany Stebbins Phone: (307)527-2223 Fax: (307)527-3280

Email: tastebbins@marathonoil.com

7. Well Name: Crow Valley 7-62-26 Well Number: 2H

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

9. Proposed Total Measured Depth: 11412

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 35 Twp: 7N Rng: 62W Meridian: 6

Latitude: 40.537100 Longitude: -104.292140

Footage at Surface: 342 feet FNL 1819 feet FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 4807.7 13. County: WELD

14. GPS Data:

Date of Measurement: 11/04/2011 PDOP Reading: 2.9 Instrument Operator's Name: Allen Blattel

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: 470 FSL 1819 FWL Bottom Hole: 470 FNL 1988 FWL
Sec: 35 Twp: 7N Rng: 62W Sec: 26 Twp: 7N Rng: 62W

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: 4930 ft

18. Distance to nearest property line: 342 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 4000 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.)
Niobrara	NBRR	407-501	640	ALL

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):

All of Section 26, T7N, R62W, 6th P.M.

25. Distance to Nearest Mineral Lease Line: 342 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	53	0	40			
SURF	12+1/4	9+5/8	36	0	600	187	600	0
1ST	8+3/4	7	32	0	6,990	106	6,990	5,900
2ND	6	4+1/2	11.6	6840	11,412	248	11,412	6,840

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

33. Comments Well 7-62-26-2H SHL is 24' from Crow Valley 7-62-35-2H SHL. This is a dual well pad with one horizontal BHL in Section 26, and one horizontal BHL in Section 35. One Form 2A Location Assessment is being submitted for both wells. Both wells are located on same pad in Section 35, T7N, R62W. Form 2A is a related form for Form 2 APD filing for well Crow Valley 7-62-35-2H.

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: Tiffany Stebbins

Title: Regulatory Compliance Rep Date: 12/13/2011 Email: tastebbins@marathonoil.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

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
400227635	FORM 2 SUBMITTED
400229353	DEVIATED DRILLING PLAN
400231856	30 DAY NOTICE LETTER
400231859	WELL LOCATION PLAT
400231860	SURFACE AGRMT/SURETY
400231865	EXCEPTION LOC REQUEST
400231890	30 DAY NOTICE LETTER

Total Attach: 7 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)