

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:
400243913
PluggingBond SuretyID
19810003

3. Name of Operator: CHEVRON USA INC 4. COGCC Operator Number: 16700

5. Address: 6001 BOLLINGER CANYON RD
City: SAN RAMON State: CA Zip: 94583

6. Contact Name: Julie Justus Phone: (970)257-6042 Fax: (970)245-6489
Email: jjustus@chevron.com

7. Well Name: SKR-698-09-BV Well Number: 03

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

9. Proposed Total Measured Depth: 6079

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 9 Twp: 6S Rng: 98W Meridian: 6
Latitude: 39.545766 Longitude: -108.332107

	FNL/FSL		FEL/FWL
Footage at Surface: <u>2016</u> feet	FSL	<u>1694</u> feet	FEL

11. Field Name: Skinner Ridge Field Number: 77548

12. Ground Elevation: 5856 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 12/10/2007 PDOP Reading: 2.8 Instrument Operator's Name: Ivan Martin

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
<u>2053</u>	FSL	<u>2008</u>	FEL	<u>2053</u>	FSL
				<u>2008</u>	FEL
Sec: <u>9</u>	Twp: <u>6S</u>	Rng: <u>98W</u>	Sec: <u>9</u>	Twp: <u>6S</u>	Rng: <u>98W</u>

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: 1260 ft

18. Distance to nearest property line: 290 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 278 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.)
Williams Fork	WMFK	510-24		

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 Mineral Lease Map with approved original APD

25. Distance to Nearest Mineral Lease Line: 330 ft 26. Total Acres in Lease: 6960

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: Evaporate and Bury

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	26	16	36.95	0	60		60	0
SURF	12+1/4	8+5/8	24	0	1,000	271	1,000	0
1ST	7+7/8	4+1/2	11.6	800	6,079	1,017	6,079	800

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

33. Comments Chevron owns surface. No change to previously approved APD are proposed in this filing.

34. Location ID: 336051

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: Julie Justus

Title: Regulatory Specialist Date: 1/21/2012 Email: jjustus@chevron.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

05 045 17432 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
400243913	FORM 2 SUBMITTED
400243914	DEVIATED DRILLING PLAN
400243915	DEVIATED DRILLING PLAN
400243921	APD APPROVED

Total Attach: 4 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)