

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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Document Number:

400245550

PluggingBond SuretyID

19810003

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: 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-698-04-AV Well Number: 05

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

9. Proposed Total Measured Depth: 6197

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 4 Twp: 6S Rng: 98W Meridian: 6

Latitude: 39.559262 Longitude: -108.338482

Footage at Surface: 1653 feet FNL/FSL FSL 1823 feet FEL/FWL FWL

11. Field Name: Skinner Ridge Field Number: 77548

12. Ground Elevation: 5959 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 10/07/2007 PDOP Reading: 2.9 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 1518 FSL 729 FWL _____ Bottom Hole: FNL/FSL 1508 FSL 640 FWL _____
Sec: 4 Twp: 6S Rng: 98W Sec: 4 Twp: 6S Rng: 98W

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: 7501 ft

18. Distance to nearest property line: 1007 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.)
Rollins	RLNS	510-24		
Williams Fork	WMFK	510-54		

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

25. Distance to Nearest Mineral Lease Line: 673 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: _____

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+1/16		36.95	0	58		58	0
SURF	12+1/4	8+5/8	24	0	967	315	967	58
1ST	7+7/8	4+1/2	11.6	58	6,197	1,010	6,197	967

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

33. Comments Well is drilled and Completed. Status is Producing. APD for recompletion to include Rollins Formation per conversation with Barbara Westerdale, COGCC Permit/Completion Technician

34. Location ID: 336049

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: _____ 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 17214 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
400245610	DEVIATED DRILLING PLAN
400245611	DEVIATED DRILLING PLAN
400245612	MINERAL LEASE MAP

Total Attach: 3 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)