

FORM
2

Rev
12/05

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400287245

Date Received:

05/22/2012

PluggingBond SuretyID

20060139

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: OXY USA INC

4. COGCC Operator Number: 66561

5. Address: PO BOX 27757

City: HOUSTON State: TX Zip: 77227

6. Contact Name: Joan Proulx Phone: (970)263.3641 Fax: (970)263.3694

Email: joan_proulx@oxy.com

7. Well Name: Jones A Well Number: #1

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

9. Proposed Total Measured Depth: 5480

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 13 Twp: 33S Rng: 42W Meridian: 6

Latitude: 37.165610 Longitude: -102.108330

Footage at Surface: 669 feet FNL/FSL FSL 1415 feet FEL/FWL FWL

11. Field Name: Midway Field Number: 54952

12. Ground Elevation: 3755 13. County: BACA

14. GPS Data:

Date of Measurement: 07/03/2007 PDOP Reading: 6.0 Instrument Operator's Name: T Harder

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

Footage at Top of Prod Zone: FNL/FSL FSL 1415 FWL Bottom Hole: FNL/FSL FSL 1415 FWL
Sec: 13 Twp: 33S Rng: 42W Sec: 13 Twp: 33S Rng: 42W

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: 5749 ft

18. Distance to nearest property line: 670 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 5350 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.)
Mississippian	MSSP			

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):

N1/2, SW1/4, Sec 13, T33S, R42W, 6 PM

25. Distance to Nearest Mineral Lease Line: 670 ft 26. Total Acres in Lease: 480

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	1,426	600	1,426	0
1ST	7+7/8	5+1/2	17	0	5,460	248	5,460	3,510

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

33. Comments The Jones A #1 well was originally drilled in August, 2007. The well was determined to be dry and was plugged and abandoned. Oxy USA Inc. is planning to re-enter and complete this well. The original pit has been reclaimed. A Form 4 Sundry was sent to the COGCC explaining that Oxy USA Inc. is planning to re-enter the well.

34. Location ID: 379383

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: Joan Proulx

Title: Regulatory Analyst Date: 5/22/2012 Email: joan_proulx@oxy.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

05 009 06641 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
400287245	FORM 2 SUBMITTED
400287262	WELL LOCATION PLAT
400287263	WELL LOCATION PLAT
400287264	TOPO MAP

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)