

FORM
2

Rev
12/05

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400444435

Date Received:

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

PluggingBond SuretyID

20030107

3. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

4. COGCC Operator Number: 96850

5. Address: 1001 17TH STREET - SUITE #1200

City: DENVER State: CO Zip: 80202

6. Contact Name: Greg Davis Phone: (303)606-4071 Fax: (303)629-8268

Email: greg.j.davis@wpxenergy.com

7. Well Name: Chevron Well Number: TR 534-3-597

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

9. Proposed Total Measured Depth: 9991

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 3 Twp: 5S Rng: 97W Meridian: 6

Latitude: 39.640187 Longitude: -108.264136

Footage at Surface: 1782 feet FNL/FSL FSL 2508 feet FEL/FWL FEL

11. Field Name: Kokopelli Field Number: 47525

12. Ground Elevation: 8566 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 07/20/2007 PDOP Reading: 2.2 Instrument Operator's Name: Mark Bessie

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

Footage at Top of Prod Zone: FNL/FSL 181 FSL 1996 FEL FEL Bottom Hole: FNL/FSL 181 FSL 1996 FEL FEL
Sec: 3 Twp: 5S Rng: 97W Sec: 3 Twp: 5S Rng: 97W

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: 1 mi

18. Distance to nearest property line: 1400 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 660 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.)
FORT UNION	FTUN			
WASATCH	WSTC			
WILLIAMS FORK	WMFK	510-17		

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):
 Lease Description and SUA previously attached to original Form 2.

25. Distance to Nearest Mineral Lease Line: 1996 ft 26. Total Acres in Lease: 17315

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: Re-use and evaporation

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	24	18	48#	0	60	100	60	0
SURF	14+3/4	9+5/8	36#	0	3,087	1,520	3,087	
1ST	7+7/8	4+1/2	11.6#	0	9,880	900	9,880	5,330

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

33. Comments Attachments were provided with original Form 2. Fort Union Recompletion and add Williamsfork perforations. The nearest Fort Union Well is approximately 3 1/2 Miles away.

34. Location ID: 335632

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: Greg Davis

Title: Supervisor Permits Date: _____ Email: greg.j.davis@wpenergy.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 12640 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.

Date retrieval failed for the subreport 'IntPolicy_NTC' located at: W:\Inetpub\NetReports\policy_ntc.rdl. Please check th

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Total Attach: 0 Files

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<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

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