

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:

1808418

Date Received:

09/23/2009

## APPLICATION FOR PERMIT TO:

1.  Drill,  Deepen,  Re-enter,  Recomplete and Operate

### 2. TYPE OF WELL

OIL  GAS  COALBED  OTHER MONITORING WELL  
SINGLE ZONE  MULTIPLE  COMMINGLE

Refiling   
Sidetrack

PluggingBond SuretyID

3. Name of Operator: COLORADO OIL & GAS CONSERVATION COMMISSION 4. COGCC Operator Number: 5

5. Address: 1120 LINCOLN ST SUITE 801  
City: DENVER State: CO Zip: 80203

6. Contact Name: STEVE LINDBLOM Phone: (303)894- Fax: (303)894-2109  
Email: STEVEN.LINDBLOM@STATE.CO.US

7. Well Name: BP HIGHLANDS Well Number: 1

8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 425

### WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 15 Twp: 35N Rng: 7W Meridian: N  
Latitude: 37.307842 Longitude: -107.625650

Footage at Surface: 175 feet FNL 2007 feet FWL

11. Field Name: \_\_\_\_\_ Field Number: \_\_\_\_\_

12. Ground Elevation: 7584 13. County: LA PLATA

### 14. GPS Data:

Date of Measurement: 09/01/2009 PDOP Reading: 1.5 Instrument Operator's Name: ROBERT L. POUNDS

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 \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

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: 460 ft

18. Distance to nearest property line: \_\_\_\_\_ 19. Distance to nearest well permitted/completed in the same formation(BHL): \_\_\_\_\_

### 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.) |
|------------------------|----------------|-------------------------|-------------------------------|--------------------------------------|
| FRUITLAND              | FRLDC          |                         |                               |                                      |

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):

25. Distance to Nearest Mineral Lease Line: \_\_\_\_\_ 26. Total Acres in Lease: \_\_\_\_\_

### 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   | 12+1/4       | 9+5/8          | 36    |               | 22            | 24        | 25      | 0       |
| SURF        | 8+3/4        | 7              | 20    |               | 175           | 93        | 185     | 0       |
| 1ST         | 6+1/4        | 4+1/2          | 10.5  |               | 425           | 102       | 430     | 0       |

32. BOP Equipment Type:  Annular Preventer  Double Ram  Rotating Head  None  
33. Comments CALCULATED TO THE SURFACE, THEN CASING WILL BE DISPLACED WITH WATER. THE BOP WILL BE TOWNSEND DOUBLE RAM UNITS, 9" WILL BE UTILIZED ON THE 9 5/8" CONDUCTOR CASING AND 7

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: STEVEN LINDBLOM  
Title: ENVIRONMENTAL Date: 9/22/2009 Email: STEVEN.LINDBLOM@STATE.

Operator must have a valid water right or permit allowing for industrial use or purchased water from a seller that has a valid water right or permit allowing for industrial use, otherwise an application for a change in type of use is required under Colorado law. Operator must also use the water in the location set forth in the water right decree or well permit, otherwise an application for a change in place of use is required under Colorado law. Section 37-92-103(5), C.R.S. (2011).

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: David S. Neslin Director of COGCC Date: 9/30/2009

|                                      |                      |                            |
|--------------------------------------|----------------------|----------------------------|
| <b>API NUMBER</b><br>05 067 09794 00 | Permit Number: _____ | Expiration Date: 9/29/2011 |
|--------------------------------------|----------------------|----------------------------|

**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.

#### Description

None-COGCC Monitor Well

### Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u>       |
|--------------------|-------------------|
| 1808418            | APD APPROVED      |
| 1808428            | WAIVERS           |
| 400007599          | APD ORIG & 1 COPY |

Total Attach: 3 Files

### General Comments

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

Total: 0 comment(s)

### Best Management Practices

| <u>No</u> | <u>BMP/COA Type</u> | <u>Description</u> |
|-----------|---------------------|--------------------|
|           |                     |                    |