

FORM
2

Rev
10/24

State of Colorado

Energy & Carbon Management Commission

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



Document Number:

404204123

(SUBMITTED)

Date Received:

05/23/2025

APPLICATION FOR PERMIT TO

Drill Deepen Re-enter Recomplete and Operate Amend

TYPE OF WELL OIL GAS COALBE GEOTHERMAL OTHER: _____

Refile

ZONE TYPE SINGLE ZONE MULTIPLE ZONES COMMINGLE ZONES

Sidetrack

Well Name: Ignacio 33-7 29P Well Number: 001H

Name of Operator: LOGOS OPERATING LLC ECMC Operator Number: 10679

Address: 2010 AFTON PLACE

City: FARMINGTON State: NM Zip: 87401

Contact Name: Etta Trujillo Phone: (505)324-4154 Fax: ()

Email: etrujillo@logosresourcesllc.com

FINANCIAL ASSURANCE FOR PLUGGING, ABANDONMENT, AND RECLAMATION

ECMC Financial Assurance

The Operator has provided or will provide Financial Assurance to the ECMC for this Well.

Surety ID Number (if applicable): 20200069

Federal Financial Assurance

In checking this box, the Operator certifies that it has provided or will provide at least this amount of Financial Assurance to the federal government for this Well. (Per Rule702.a.)

Amount of Federal Financial Assurance \$ _____

WELL LOCATION INFORMATION

Surface Location

QtrQtr: SESE Sec: 29 Twp: 33N Rng: 7W Meridian: N

Footage at Surface: 292 Feet FSL 1112 Feet FEL

Latitude: 37.068673 Longitude: -107.627033

GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 02/23/2024

Ground Elevation: 64192

Field Name: IGNACIO BLANCO Field Number: 38300

Well Plan: is Directional Horizontal (highly deviated) Vertical

If Well plan is Directional or Horizontal attach Deviated Drilling Plan and Directional Data.

Subsurface Locations

Top of Productive Zone (TPZ)

Sec: 29 Twp: 33N Rng: 7W Footage at TPZ: 563 FSL 2006 FEL

Measured Depth of TPZ: 6253 True Vertical Depth of TPZ: 6076 FNL/FSL FEL/FWL

Base of Productive Zone (BPZ)

Sec: 27 Twp: 33N Rng: 7W

Footage at BPZ: 631 FSL 2029 FWL

Measured Depth of BPZ: 16358

True Vertical Depth of BPZ: 6521 FNL/FSL FEL/FWL

Bottom Hole Location (BHL)

Sec: 27 Twp: 33N Rng: 7W

Footage at BHL: 633 FSL 2218 FWL

FNL/FSL FEL/FWL

LOCAL GOVERNMENT PERMITTING INFORMATION

County: LA PLATA Municipality: N/A

Is the Surface Location of this Well in an area designated as one of State interest and subject to the requirements of § 24-65.1-108 C.R.S.? No

Per §34-60-106(1)(f)(I)(A) C.R.S and §37-90.5-107(2)(b)(I) C.R.S, the following questions pertain to the Relevant Local Government approval of the siting of the proposed Oil and Gas or Deep Geothermal Locations.

The Energy and Carbon Management Act and the Geothermal Resources Act provide that when "applying for a permit to drill," operators must include proof that they sought a local government siting permit and the disposition of that permit application, or that the local government does not have siting regulations.

Does the Relevant Local Government regulate the siting of Oil and Gas and Deep Geothermal Locations, with respect to this Location? Yes No

If yes, in checking this box, I hereby certify that an application has been filed with the local government with jurisdiction to approve the siting of the proposed oil and gas location.

The disposition of the application filed with the Relevant Local Government is: _____ Date of Final Disposition: _____

Comments:

GEOTHERMAL

Well Overview

The following questions determine informational requirements based on Well type:

Which type of Geothermal Well is this? Select one of the following:

Will this well be constructed using cementing methodologies other than those listed in Rule 408.f?

If Yes, what method will be used:

Please describe the cementing method to be used in detail:

Geothermal Resource Units

Fill out the information below to submit an application for a Geothermal Resource Unit (GRU) as part of the current permit application. This may also be completed later using a Form 4 Sundry.

Will this Well be in an existing GRU?

Are you submitting your application for a new GRU as part of the current application?

SURFACE AND MINERAL OWNERSHIP AT WELL'S OIL & GAS OR DEEP GEOTHERMAL LOCATION

Surface Owner of the land at this Well's Oil and Gas Or Deep Geothermal Location: Fee State Federal Indian

Mineral Owner beneath this Well's Oil and Gas Or Deep Geothermal Location: Fee State Federal Indian

Surface Owner Protection Bond (if applicable): _____ Surety ID Number (if applicable): _____

MINERALS DEVELOPED BY WELL

The ownership of all the minerals that will be developed by this Well is (check all that apply):

- Fee
- State
- Federal
- Indian
- N/A

LEASE INFORMATION

Using standard QtrQtr, Section, Township, Range format describe one entire mineral lease as follows:

* If this Well is within a unit, describe a lease that will be developed by the Well.

* If this Well is not subject to a unit, describe the lease that will be produced by the Well.

(Attach a Lease Map or Lease Description or Lease if necessary.)

T33N R7W:
SEC 27 W/2
SEC 28 SW/4NW/4, SW/4,E/2NW/4,E/2
SEC 29 SE/4,S/2NE/4
Plus additional acreage

Total Acres in Described Lease: 4600 Described Mineral Lease is: Fee State Federal Indian

Federal or State Lease # I-22-IND-2788

SAFETY SETBACK INFORMATION

Distance from Well to nearest:

Building: _____ Feet
Building Unit: _____ Feet
Public Road: _____ Feet
Above Ground Utility: _____ Feet
Railroad: _____ Feet
Property Line: _____ Feet

INSTRUCTIONS:

- Specify all distances per Rule 308.b.(1).
- Enter 5280 for distance greater than 1 mile.
- Building - nearest building of any type. If nearest Building is a Building Unit, enter same distance for both.
- Building Unit – as defined in 100 Series Rules.

OBJECTIVE FORMATIONS

| Objective Formation(s) | Formation Code | Spacing Order Number(s) | Unit Acreage Assigned to Well | Unit Configuration (N/2, SE/4, etc.) |
|------------------------|----------------|-------------------------|-------------------------------|--------------------------------------|
| MANCOS | MNCS | 558-1 | 1160 | See comments |

Federal or State Unit Name (if appl): _____ Unit Number: _____

SUBSURFACE MINERAL SETBACKS

Enter 5280 for distance greater than 1 mile.

Is this Well within a unit? Yes

If YES:

Enter the minimum distance from the Completed Zone of this Well to the Unit Boundary: 631 Feet

Enter the minimum distance from the Completed Zone of this Well to the Completed Zone of an offset Well within the same unit permitted or completed in the same formation: 2029 Feet

If NO:

Enter the minimum distance from the Completed Zone of this Well to the Lease Line of the described lease: _____ Feet

Enter the minimum distance from the Completed Zone of this Well to the Completed Zone of an offset Well producing from the same lease and permitted or completed in the same formation: _____ Feet

Exception Location

If this Well requires the approval of a Rule 401.c Exception Location, enter the Rule or spacing order number and attach the Exception Location Request and Waivers. See attached

SPACING & FORMATIONS COMMENTS

Township 33 North, Range 7 West, N.M.P.M.
 Section 27: W½
 Section 28: E½, NE¼NW¼, S½NW¼, SW¼
 Section 29: S½NE¼, SE¼

DRILLING PROGRAM

Proposed Total Measured Depth: 16493 Feet TVD at Proposed Total Measured Depth 6519 Feet

Distance from the proposed wellbore to nearest existing or proposed wellbore belonging to another operator, including plugged wells:
 Enter distance if less than or equal to 1,500 feet: 632 Feet No well belonging to another operator within 1,500 feet

Will a closed-loop drilling system be used? _____

Is H₂S gas reasonably expected to be encountered during drilling operations at concentrations greater than or equal to 100 ppm? No If yes, attach an H₂S Drilling Plan unless a plan was already submitted with the Form 2A per Rule 304.c.(10).

Will there be hydraulic fracture treatment at a depth less than 2,000 feet in this well? No

Will salt sections be encountered during drilling? _____

Will salt based (>15,000 ppm Cl) drilling fluids be used? _____

Will oil based drilling fluids be used? _____

BOP Equipment Type: Annular Preventor Double Ram Rotating Head None

Beneficial reuse or land application plan submitted? _____

Reuse Facility ID: _____ or Document Number: _____

CASING PROGRAM

| Casing Type | Size of Hole | Size of Casing | Grade | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Btm | Cmt Top |
|-------------|--------------|----------------|-------|-------|---------------|---------------|-----------|---------|---------|
| CONDUCTOR | 26 | 20 | J-55 | 94.0 | 0 | 362 | 810 | 362 | 0 |
| SURF | 17+1/2 | 13+3/8 | J-55 | 61.0 | 0 | 3136 | 2080 | 3136 | 0 |
| 1ST | 12+1/4 | 9+5/8 | L-80 | 47.0 | 0 | 6235 | 2115 | 6235 | 0 |
| 2ND | 8+1/2 | 5+1/1 | P-110 | 20.0 | 0 | 16385 | 1480 | 16385 | 0 |

Conductor Casing is NOT planned

POTENTIAL FLOW AND CONFINING FORMATIONS

| Zone Type | Formation /Hazard | Top M.D. | Top T.V.D. | Bottom M.D. | Bottom T.V.D. | TDS (mg/L) | Data Source | Comment |
|-------------|-------------------|----------|------------|-------------|---------------|------------|-------------|---------|
| Hydrocarbon | MANCOS | 6095 | 5921 | 16493 | 6519 | | | |

OPERATOR COMMENTS AND SUBMITTAL

Comments: This is an AMENDED APD - Original APD #404049109.
Well is a SUIT surface/mineral.

This application is in a Comprehensive Area Plan _____ CAP #: _____
 Oil and Gas Development Plan Name _____ OGDID #: _____
 Location ID: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Etta Trujillo

Title: Regulatory Specialist II Date: 5/23/2025 Email: etrujillo@logosresourcesllc.com

Based on the information provided herein, this Application for Permit-to-Drill complies with ECMC Rules, applicable orders, and SB 19-181 and is hereby approved.

ECMC Approved: _____ Director of ECMC Date: _____

Expiration Date: _____

| |
|-------------------|
| API NUMBER |
| 05 067 10057 00 |

CONDITIONS OF APPROVAL, IF ANY LIST

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.

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--------------------|
| 0 COA | |

Operator Best Management Practices

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

ATTACHMENT LIST

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|------------------------|
| 404204359 | WELL LOCATION PLAT |
| 404204379 | EXCEPTION LOC REQUEST |
| 404216579 | DIRECTIONAL DATA |
| 404216590 | DEVIATED DRILLING PLAN |

Total Attach: 4 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--|---------------------|
| Engineer | return to draft for operator to attach the corrected deviated drilling plan and import directional data. | 05/21/2025 |

Total: 1 comment(s)