

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:

404155219

(SUBMITTED)

Date Received:

06/09/2025

APPLICATION FOR PERMIT TO

Drill Deepen Re-enter Recomplete and Operate Amend

TYPE OF WELL OIL GAS COALBE GEOTHERMAL OTHER: Interstate Gas Stor. Refile

ZONE TYPE SINGLE ZONE MULTIPLE ZONES COMMINGLE ZONES Sidetrack

Well Name: Totem Well Number: 27

Name of Operator: COLORADO INTERSTATE GAS COMPANY LLC ECMC Operator Number: 18600

Address: P O BOX 1087

City: COLORADO SPRINGS State: CO Zip: 80944

Contact Name: Jackie Raskay Phone: (719)520-4407 Fax: ()

Email: jaclyn_raskay@kindermorgan.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):

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: NESE Sec: 8 Twp: 2S Rng: 62W Meridian: 6

Footage at Surface: 1803 Feet FNL/FSL 969 Feet FEL/FWL FSL FEL

Latitude: 39.888390 Longitude: -104.341783

GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 03/05/2025

Ground Elevation: 5174

Field Name: TOTEM Field Number: 83000

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: 8 Twp: 2S Rng: 62W Footage at TPZ: 1239 FSL 1249 FEL
Measured Depth of TPZ: 7604 True Vertical Depth of TPZ: 7249 FNL/FSL FEL/FWL

Base of Productive Zone (BPZ)

Sec: 17 Twp: 2S Rng: 62W

Footage at BPZ: 1244 FNL 2508 FEL

Measured Depth of BPZ: 10411

True Vertical Depth of BPZ: 7285 FNL/FSL FEL/FWL

Bottom Hole Location (BHL)

Sec: 17 Twp: 2S Rng: 62W

Footage at BHL: 1244 FNL 2508 FEL

FNL/FSL FEL/FWL

LOCAL GOVERNMENT PERMITTING INFORMATION

County: ADAMS

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: Other Date of Final Disposition: _____

Comments: N/A

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.)

Gas storage lease description is attached. Gas storage lease is comprised of both Fee and State acreage. "Described Mineral Lease is" [Below] would not allow the selection of "N/A" for "Gas Storage Wells".

Total Acres in Described Lease: 8040 Described Mineral Lease is: Fee State Federal Indian

Federal or State Lease # GS-3365

SAFETY SETBACK INFORMATION

Distance from Well to nearest:

Building: 3347 Feet
Building Unit: 5177 Feet
Public Road: 4691 Feet
Above Ground Utility: 1806 Feet
Railroad: 5280 Feet
Property Line: 839 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.)
J SAND	JSND			

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? No

If YES:

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

If NO:

Enter the minimum distance from the Completed Zone of this Well to the Lease Line of the described lease: 5280 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. _____

SPACING & FORMATIONS COMMENTS

DRILLING PROGRAMProposed Total Measured Depth: 10411 FeetTVD at Proposed Total Measured Depth 7285 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: _____ Feet No well belonging to another operator within 1,500 feetWill a closed-loop drilling system be used? YesIs 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? NoWill salt sections be encountered during drilling? NoWill salt based (>15,000 ppm Cl) drilling fluids be used? NoWill oil based drilling fluids be used? NoBOP Equipment Type: Annular Preventor Double Ram Rotating Head NoneBeneficial reuse or land application plan submitted? No

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
SURF	13+1/2	9+5/8	J-55	36	0	2000	1000	2000	0
1ST	8+3/4	7	L-80	26	0	7604	305	7604	5000
1ST LINER	6+1/8	4+1/2	L-80	11.6	6300	10411			
		7		Stage Tool		5000	485	5000	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
Groundwater	Fox Hills	845	845	1030	1030	501-1000	USGS	
Confining Layer	Pierre	1030	1030	6475	6475			
Hydrocarbon	Niobrara	6475	6475	7300	7174			
Hydrocarbon	D Sand	7300	7174	7535	7244			
Hydrocarbon	J Sand	7535	7244	10411	7285			

OPERATOR COMMENTS AND SUBMITTALComments: No HF is planned for this well.This application is in a Comprehensive Area Plan No CAP #: _____

Oil and Gas Development Plan Name _____ OGDP ID#: _____

Location ID: 486777

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

Signed: _____ Print Name: Anthony TrinkoTitle: Sr. Reservoir Engineer Date: 6/9/2025 Email: anthony_trinko@kindermorgan.

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

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.

COA Type	Description
Drilling/Completion Operations	1) Submit Form 42 electronically to ECMC 2 business days prior to MIRU (spud notice) for the first well activity with a rig on the pad and provide 2 business day spud notice via Form 42 for all subsequent wells drilled on the pad. 2) Comply with Rule 408.j. and provide cement coverage from TD to a minimum of 500' above Niobrara. Verify coverage with a cement bond log.
1 COA	

Operator Best Management Practices

No	BMP/COA Type	Description

ATTACHMENT LIST

Att Doc Num	Name
404205317	LEGAL/LEASE DESCRIPTION
404233422	DIRECTIONAL DATA
404233423	DEVIATED DRILLING PLAN
404233426	WELL LOCATION PLAT
404233445	WELLBORE DIAGRAM

Total Attach: 5 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)