

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:

404432906

Date Received:

11/13/2025

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: Allison Unit Well Number: 614H
Name of Operator: HILCORP ENERGY COMPANY ECMC Operator Number: 10133
Address: P O BOX 61229
City: HOUSTON State: TX Zip: 77208
Contact Name: Amanda Walker Phone: (346)237.2177 Fax: ()
Email: mwalker@hilcorp.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): 20050122

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: L3 Sec: 20 Twp: 32N Rng: 6W Meridian: N

Footage at Surface: 66 Feet FSL 2560 Feet FWL

Latitude: 36.998637 Longitude: -107.521281

GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 04/02/2025

Ground Elevation: 6352

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: 20 Twp: 32N Rng: 6W Footage at TPZ: 66 FSL 2560 FWL

Measured Depth of TPZ: 7240 True Vertical Depth of TPZ: 6816 FNL/FSL FEL/FWL

Base of Productive Zone (BPZ)

Sec: 23 Twp: 32N Rng: 7W

Footage at BPZ: 68 FSL 597 FEL

Measured Depth of BPZ: 20801

True Vertical Depth of BPZ: 6858 FNL/FSL FEL/FWL

Bottom Hole Location (BHL)

Sec: 23 Twp: 32N Rng: 7W

Footage at BHL: 67 FSL 798 FEL

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.)

T32N-R06W, NMPM
Sec. 19: Lot 6 aka NE/4SE/4
La Plata County, CO

Total Acres in Described Lease: 32 Described Mineral Lease is: Fee State Federal Indian

Federal or State Lease # I-22-IND-2792

SAFETY SETBACK INFORMATION

Distance from Well to nearest:

Building: 5280 Feet
Building Unit: 5280 Feet
Public Road: 5280 Feet
Above Ground Utility: 5280 Feet
Railroad: 5280 Feet
Property Line: 865 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	112-304	389	See Comments

Federal or State Unit Name (if appl): Allison Unit 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: 68 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: 1448 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. _____

SPACING & FORMATIONS COMMENTS

DSU No. 1:
 Township 32 North, Range 6 West, N.M.P.M.
 Section 19: Lots 3, 4, 5, 6
 Section 20: Lots 3, 4
 Township 32 North, Range 7 West, N.M.P.M.
 Section 23: NE/4 SE/4 equivalent (unnumbered lot)
 Section 24: N/2 S/2 equivalent (unnumbered lots)

DRILLING PROGRAM

Proposed Total Measured Depth: 20801 Feet TVD at Proposed Total Measured Depth 6858 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 feet

Will a closed-loop drilling system be used? Yes

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? No

Will salt based (>15,000 ppm Cl) drilling fluids be used? No

Will oil based drilling fluids be used? No

BOP Equipment Type: Annular Preventor Double Ram Rotating Head None

Beneficial 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	17+1/2	13+3/8	J55	54.5	0	700	705	700	0
1ST	12+1/4	9+5/8	L80	43.5	0	6222	604	6222	
2ND	8+1/2	5+1/2	P110	20	0	20801	3024	20801	

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	SAN JOSE	0	0	2096	2084	0-500	USGS	POSSIBLE WATER
Groundwater	OJO ALAMO	2096	2084	2163	2150	501-1000	USGS	POSSIBLE WATER
Groundwater	KIRTLAND	2163	2150	2599	2581	1001-10000	USGS	GAS & WATER
Hydrocarbon	FRUITLAND	2599	2581	2972	2950	1001-10000	USGS	GAS & WATER
Hydrocarbon	PICTURED CLIFFS	2972	2950	3495	3467			POSSIBLE GAS
Hydrocarbon	LEWIS SHALE	3495	3467	4945	4900			NONE
Confining Layer	CLIFFHOUSE	4945	4900	5322	5274			POSSIBLE GAS & WATER
Confining Layer	MENEFEE	5322	5274	5503	5455			NONE
Hydrocarbon	POINT LOOKOUT	5503	5455	6022	5974			GAS
Hydrocarbon	MANCOS	6022	5974	20801	6858			GAS

OPERATOR COMMENTS AND SUBMITTAL

Comments SHL will be in the state of New Mexico (UL: F, Lot 3, Sec 12, T32N, R07W). BHL and all production will be from the state of Colorado. Minerals include SUIT

This application is in a Comprehensive Area Plan _____ CAP #: _____
Oil and Gas Development Plan Name _____ OGDP ID#: _____
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: Amanda Walker

Title: Regulatory Tech Sr. Date: 11/13/2025 Email: mwalker@hilcorp.com

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 ECMC Rules, applicable orders, and SB 19-181 and is hereby approved.

ECMC Approved:  _____ Director of ECMC Date: 11/21/2025

Expiration Date: 11/20/2028

API NUMBER
05 067 10068 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>
Drilling/Completion Operations	<p>Bradenhead tests shall be performed according to the following schedule and Form 17 submitted within 10 days of each test:</p> <p>1) Within 60 days of rig release, prior to stimulation. If any pressure greater than 25 psig is observed or if there is evidence of communication, Operator must contact ECMC engineering for approval prior to stimulation.</p> <p>2) Within 60 days after first sales, as reported on the Form 10, Certificate of Clearance.</p>
Drilling/Completion Operations	<p>Operator acknowledges the proximity of the listed wells. Operator assures that this offset list will be remediated per the Offset Well Evaluation and Hydraulic Fracturing Operator Guidance Document (option 4). Operator will submit a Form 42 ("OFFSET MITIGATION COMPLETED") stating that appropriate mitigation will be completed during the hydraulic stimulation of this well. This Form 42 shall be filed 48 hours prior to stimulation.</p> <p>Operator will monitor casing (surface and production) pressures during the entire stimulation treatment. If there is indication of communication between the stimulation treatment and an offset well, treatment will be stopped and ECMC Engineering notified. Stimulation shall not resume without explicit approval from ECMC Engineering. Within 60 days after stimulation is complete, a Form 4 Sundry shall be submitted for each offset well on this list describing how Option 4 work was completed and include a summary of the monitoring details.</p> <p>ALLISON UNIT #19 API# 05-067-05008</p>
Drilling/Completion Operations	<p>Operator acknowledges the proximity of the listed wells. Operator agrees to: provide mitigation option 1 or 2 (per the Offset Well Evaluation and Hydraulic Fracturing Operator Guidance Document) to mitigate the situation, ensure all applicable documentation is submitted based on the selected mitigation option chosen, and submit a Form 42 ("OFFSET MITIGATION COMPLETED") stating that appropriate mitigation occurred and that it has been completed, prior to the hydraulic stimulation of this well.</p> <p>ALLISON UNIT #59 API 05-067-06145</p>
Drilling/Completion Operations	<p>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.</p> <p>2) Comply with Rule 408.i. and 408.e. Operator shall provide cement coverage from the end of Intermediate Casing (1st string) to a minimum of 500' above Fruitland Coal, a minimum of 50' above and below Ojo Alamo. Verify intermediate casing cement coverage with a cement bond log or circulation to surface.</p> <p>3) Comply with Rule 408.j. Operator shall provide cement coverage from TD to a minimum of 500' above Mancos. Verify production casing (2nd string) cement coverage with a cement bond log.</p>
4 COAs	

Operator Best Management Practices

<u>No</u>	<u>BMP/COA Type</u>	<u>Description</u>
1	Drilling/Completion Operations	<p>Open-hole resistivity log with gamma-ray log will be run from the kick-off point into the surface casing. A cement bond log with gamma-ray log will be run if cement is not circulated to surface on the intermediate cement job, a cement bod log will be run to verify top of cement. The horizontal portion of the wellbore will be logged with a measured-while drilling gamma-ray. log. The Form 5, Completion Report, will list all logs run and have those logs attached.</p>

Total: 1 comment(s)

ATTACHMENT LIST

<u>Att Doc Num</u>	<u>Name</u>
404432906	FORM 2 SUBMITTED
404432971	OffsetWellEvaluations Data
404433073	DIRECTIONAL DATA
404433077	OTHER
404433079	DRILLING PLAN
404433082	WELL LOCATION PLAT
404433110	OTHER
404447146	OFFSET WELL EVALUATION

Total Attach: 8 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Final Review Complete.	11/21/2025
Permit	68' South to southern unit boundary (5' (five foot) setback); ~710' west to western unit boundary (600' setback) Permitting Review Complete.	11/20/2025
Engineer	Emailed operator about offset well mitigation Option 4/Option 1 or 2, see if a temp survey can be provided for 05-067-06145 ALLISON UNIT #59 (cannot confirm that sufficient formation coverage exist, no CBL, wellbore diagram says Temperature survey, TOC 2900'). Operator will provide a CBL. Revised PFZ table per operator's confirmation. 26 water wells within 1 mile. 2 deepest water wells 300', elevation 6355' and 6286', water coverage needed at 297'+50' and 366'+50'. Surface casing >10% TVD, alternative stage cement. Offset well evaluation within 1500' of wellbore completed.	11/17/2025
OGLA	Surface location for this well will be in the state of New Mexico. OGLA review complete.	11/14/2025

Total: 4 comment(s)