

FORM

2

Rev
12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

APPLICATION FOR PERMIT TO:

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

2. TYPE OF WELL

 OIL ☐ GAS ☒ COALBED ☐ OTHER _____
 SINGLE ZONE ☒ MULTIPLE ZONE ☐ COMMINGLE ZONE ☐
Refiling ☒Sidetrack ☐

Document Number:

400005608

Plugging Bond Surety

19880020

3. Name of Operator: MARATHON OIL COMPANY4. COGCC Operator Number: 536505. Address: 5555 SAN FELIPECity: HOUSTON State: TX Zip: 770566. Contact Name: Anna Walls Phone: (713)296-3468 Fax: (713)513-4394Email: avwalls@marathonoil.com7. Well Name: 697-21A Well Number: 14

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

9. Proposed Total Measured Depth: 9361

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 21 Twp: 6S Rng: 97W Meridian: 6Latitude: 39.509450 Longitude: -108.218350
 Footage at Surface: 2290 FNL/FSL FNL 820 FEL/FWL FEL
11. Field Name: Grand Valley Field Number: 3129012. Ground Elevation: 8367.8 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 06/12/2007 PDOP Reading: 2.0 Instrument Operator's Name: John Dolinar LIC. # 1897915. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 1160 FNL 1981 FEL FEL Bottom Hole: FNL/FSL 1160 FNL 1981 FEL FEL
 Sec: 21 Twp: 6S Rng: 97W Sec: 21 Twp: 6S Rng: 97W
16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 200018. Distance to nearest property line: 2290 19. Distance to nearest well permitted/completed in the same formation: 640

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.)
Williams Fork	WMFK	510-18	320	N/2

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 Bon ☐ \$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: _____ 1160 _____ 26. Total Acres in Lease: _____ 5325 _____

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 27 or 28 are yes, is this location in a sensitive area (Rule 903)? ☐ Yes ☐ No If 28, 29, or 30 are "Yes" a pit permit may be required.

31. Mud disposal: ☐ Offsite ☒ Onsite

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	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	26	20	56	100	100	100	0
SURF	14+3/4	9+5/8	36	2,000	1,000	2,000	0
1ST	8+3/4	4+1/2	11.6	9,361	675	9,361	5,500

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

33. Comments No Rig on Location. The Pad is Built. The Pit has been constructed. No expansion/additional surface disturbance will take place. No Visible Improvements w/in 400' of wellhead. Decrease surface casing setting depth. Surface owned by: OXY Minerals owned by: Chevron

34. Location ID: _____ 335476 _____

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: Anna Walls _____

Title: Regulatory Compliance Rep Date: 9/17/2009 Email: awwalls@marathonoil.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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05 045 14716 00

CONDITIONS OF APPROVAL, IF ANY:**Attachment Check List**

Att Doc Num	Name	Doc Description
400005654	30 DAY NOTICE LETTER	697-21A Rule 305.pdf
400007335	SURFACE AGRMT/SURETY	Surface Agmt - Surety 8-19-08.pdf

Total Attach: 2 Files