

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



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Document Number:
400004690

Plugging Bond Surety
2004

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

3. Name of Operator: PIONEER NATURAL RESOURCES USA INC 4. COGCC Operator Number: 10084
 5. Address: 1401 17TH ST STE 1200
 City: DENVER State: CO Zip: 80202
 6. Contact Name: Georgina Kovacik Phone: (303)675-2611 Fax: (303)294-1251
 Email: georgina.kovacik@pxd.com
 7. Well Name: R&S Smith Well Number: 33-1
 8. Unit Name (if appl): Spanish Peaks Unit Number: COC57890A
 9. Proposed Total Measured Depth: 1770

WELL LOCATION INFORMATION

10. QtrQtr: NW/SE Sec: 1 Twp: 33S Rng: 66W Meridian: 6
 Latitude: 37.197560 Longitude: -104.728940
 Footage at Surface: 1667 FNL/FSL FSL 1948 FEL/FWL FEL
 11. Field Name: Purgatoire River Field Number: 70830
 12. Ground Elevation: 7068 13. County: LAS ANIMAS

14. GPS Data:

Date of Measurement: 12/03/2007 PDOP Reading: 2.0 Instrument Operator's Name: R. Coberly

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: 2000

18. Distance to nearest property line: 917 19. Distance to nearest well permitted/completed in the same formation: 1300

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.)
Raton/Vermejo	RT-VJ	NA		NA

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: 619 26. Total Acres in Lease: 1357

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: Drilling pit

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	12+3/4	12+3/4	33.38 ppf	6			
SURF	11	8+5/8	24 ppf	390	82	390	
S.C. 1.1	7+7/8	5+1/2	15.5 ppf	1,770	262	1,770	

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

33. Comments _____

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: Georgina Kovacic

Title: Engineering Tech Date: 9/16/2009 Email: georgina.kovacic@pxd.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: _____

API NUMBER	Permit Number: _____	Expiration Date: _____
05	CONDITIONS OF APPROVAL, IF ANY:	

Attachment Check List

Att Doc Num	Name	Doc Description
400004708	WELL LOCATION PLAT	WELLplat_R&S Smith 33-1.pdf
400004709	TOPO MAP	TOPO_R&S Smith 33-1.pdf
400004710	SURFACE AGRMT/SURETY	SDRagmnt_R&S_Smith.pdf
400004711	ACCESS ROAD MAP	ROWplat_R&S_Smith_33-1.pdf
400004712	30 DAY NOTICE LETTER	NOS_R&S_Smith.pdf
400004722	LEGAL/LEASE DESCRIPTION	LeaseDesc_R&S_Smith.pdf
400005286	LOCATION PHOTO	R&S Smith 33-1_photos2(Rev).pdf
400005287	LOCATION PHOTO	R&S Smith 33-1_photos1(Rev).pdf

Total Attach: 8 Files