

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:

1791402

Plugging Bond Surety

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: EXXON MOBIL OIL CORPORATION 4. COGCC Operator Number: 28700

5. Address: P O BOX 4358 WGR RM 310

City: HOUSTON State: TX Zip: 77210-4358

6. Contact Name: MARK DEL PICO Phone: (281)654-1926 Fax: (281)654-1940

Email: MARK.DELPICO@EXXONMOBIL.COM

7. Well Name: PICEANCE CREEK UNIT Well Number: 197-36A6

8. Unit Name (if appl): PICEANCE CREEK Unit Number: COC47666X

9. Proposed Total Measured Depth: 14100

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 36 Twp: 1S Rng: 97W Meridian: 6

Latitude: 39.918752 Longitude: -108.229022

Footage at Surface: 1898 FNL/FSL FSL 2645 FEL/FWL FWL

11. Field Name: PICEANCE CREEK Field Number: 68800

12. Ground Elevation: 7082 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 09/12/2007 PDOP Reading: 2.4 Instrument Operator's Name: T. PETTY

15. If well is  Directional  Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 2264 FNL 2577 FEL 2264 FNL 2577 FEL

Sec: 36 Twp: 1S Rng: 97W Sec: 36 Twp: 1S Rng: 97W

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: 200 ft

18. Distance to nearest property line: 9179 ft 19. Distance to nearest well permitted/completed in the same formation: 933 ft

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.)
MESAVERDE	MVRD			
OHIO CREEK	OHCRK			
WASATCH	WSTC			

21. Mineral Ownership:  Fee  State  Federal  Indian Lease #: COC035710

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: 9250 ft 26. Total Acres in Lease: 1993

### 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: BURIAL

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	20	16	LINEPIPE	120	90	120	0
SURF	14+3/4	10+3/4	45.5	4,700	2,400	4,700	0
1ST	9+7/8	7	26	9,800	1,510	9,800	4,400
2ND	6+1/8	4+1/2	15.1	14	640	7	7,500

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

33. Comments **THIS APD EXPIRES ON 2/18/2010. NO CHANGE TO APPROVED APD. THIS PAD HAS BEEN BUILT & CONDUCTOR/CELLARS HAVE BEEN SET FOR ALL 10 WELLS ON THIS PAD. NO FORM 2A IS REQUIRED AS THIS IS NOT IN A RSO AREA. API #05-103-11185-00.**

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: MARK DEL PICO

Title: REGULATORY Date: \_\_\_\_\_ Email: MARK.DELPICO@EXXONMO

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**

05 103 11185 00

**CONDITIONS OF APPROVAL, IF ANY:**

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.

**Attachment Check List**

Att Doc Num	Name	Doc Description
1791402	APD ORIGINAL	LF@2197493 1791402

Total Attach: 1 Files