

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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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:

1791396

Plugging Bond Surety

3. Name of Operator: EXXON MOBIL OIL CORPORATION 4. COGCC Operator Number: 287005. Address: P O BOX 4358 WGR RM 310City: HOUSTON State: TX Zip: 77210-43586. Contact Name: MARK DEL PICO Phone: (281)654-1926 Fax: (281)654-1940Email: MARK.DELPICO@EXXONMOBIL.COM7. Well Name: PICEANCE CREEK UNIT Well Number: 197-36A18. Unit Name (if appl): PICEANCE CREEK Unit Number: COC47666X9. Proposed Total Measured Depth: 14

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 36 Twp: 1S Rng: 97W Meridian: 6Latitude: 39.918705 Longitude: -108.228952Footage at Surface: 1881 FNL/FSL FSL 2665 FEL/FWL FWL11. Field Name: PICEANCE CREEK Field Number: 6880012. Ground Elevation: 7083 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 09/12/2007 PDOP Reading: 2.4 Instrument Operator's Name: T. PETTY15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 2255 FSL 2089 FEL/FWL FEL Bottom Hole: FNL/FSL 255 FSL 2089 FEL/FWL FEL
Sec: 36 Twp: 1S Rng: 97W Sec: 36 Twp: 1S Rng: 97W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 200 ft18. Distance to nearest property line: 9164 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 #: COC053141

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: 404 ft 26. Total Acres in Lease: 579

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		7,500

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 #05-103-11180-00.**

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 DELPICO

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 11180 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
1791396	APD ORIGINAL	LF@2197488 1791396

Total Attach: 1 Files