

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:

2093220

Plugging Bond Surety

3. Name of Operator: EOG RESOURCES INC 4. COGCC Operator Number: 277425. Address: 600 17TH ST STE 1100NCity: DENVER State: CO Zip: 802026. Contact Name: JENNIFER YU 303 Phone: (303)824-5576 Fax: (303)824-5577Email: JENNIFER.YU@EOGRESOURCES.COM7. Well Name: CRITTER CREEK Well Number: 4-09H

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

9. Proposed Total Measured Depth: 12873

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 9 Twp: 11N Rng: 63W Meridian: 6Latitude: 40.930978 Longitude: -104.431133Footage at Surface: 501 FNL/FSL FSL 741 FEL/FWL FEL11. Field Name: WILDCAT Field Number: 9999912. Ground Elevation: 5274 13. County: WELD

14. GPS Data:

Date of Measurement: 11/17/2009 PDOP Reading: 1.8 Instrument Operator's Name: UINTAH ENGINEERING15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 850 FSL 1067 FEL/FWL 600 FNL 600 FWL 600Sec: 9 Twp: 11N Rng: 63W Sec: 9 Twp: 11N Rng: 63W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 712 ft18. Distance to nearest property line: 600 ft 19. Distance to nearest well permitted/completed in the same formation: 7603 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.)
NIOBRARA	NBRR			

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#: 6676712

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):
SEC. 3, LOTS 1,2,3,4 S/2N2, S/2 (ALL), SEC. 4, S/2N/2, S/2, SEC. 5, S/2, SEC. 9 (ALL), SEC. 10, W/2, OF T11N, R63W

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 2403

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: BACKFILL&COVER

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		60		0	0
SURF	13+1/2	9+5/8	36	1,400	730	1,400	0
1ST	8+3/4	7	23	7,644	800	7,644	0
2ND	6+1/4	4+1/2	11.6	6,794	435	12,873	6,794

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: JENNIFER YU

Title: REGULATORY Date: _____ Email: JENNIFER.YU@EOGRESOUR

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

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
2093220		LF@2199929 2093220
2093222		LF@2199930 2093222
2093223		LF@2199932 2093223
2093224	DEVIATED DRILLING PLAN	LF@2199933 2093224
2093225	DRILLING PLAN	LF@2199934 2093225
2093226		LF@2199931 2093226

Total Attach: 6 Files