

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:

Document Number:

2585478

Plugging Bond Surety

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: BP AMERICA PRODUCTION COMPANY 4. COGCC Operator Number: 100005. Address: 501 WESTLAKE PARK BLVDCity: HOUSTON State: TX Zip: 770796. Contact Name: SUSAN FOLK Phone: (970)335-3828 Fax: (970)335-3837Email: SUSAN.FOLK@BP.COM7. Well Name: SO. UTE 32-09; 06-02 Well Number: 2

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

9. Proposed Total Measured Depth: 2974

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 6 Twp: 32N Rng: 9W Meridian: NLatitude: 37.051600 Longitude: -107.873130Footage at Surface: 531 FNL/FSL FNL 870 FEL/FWL FWL11. Field Name: IGNACIO BLANCO Field Number: 3830012. Ground Elevation: 6039.6 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 03/19/2008 PDOP Reading: 2.2 Instrument Operator's Name: JACOB BENSON15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 1094 FNL 1090 FWL 1094 FNL 1090 FWL
Bottom Hole: FNL/FSL 1094 FNL 1090 FWL
Sec: 6 Twp: 32N Rng: 9W Sec: 6 Twp: 32N Rng: 9W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 512 ft18. Distance to nearest property line: 438 ft 19. Distance to nearest well permitted/completed in the same formation: 2419 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.)
FRUITLAND COAL	FRLDC	112-205	320	W/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):
 W/2NW/4 SEC 6, T32N, R9W PLUS ADDITIONAL.

25. Distance to Nearest Mineral Lease Line: 226 ft 26. Total Acres in Lease: 640

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: RECYCLE/REUSE

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
SURF	14+1/2	10+3/4	40.5	464	385	464	0
1ST	9+7/8	7+5/8	26.4	2,301	293	2,301	0
1ST LINER	6+3/4	5+1/2	18	2,974	112	2,974	

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

33. Comments **THERE HAVE BEEN NO CHANGES IN THE SURFACE LOCATION OR LAYOUT OF THIS WELL. LOCATION CONSTRUCTED UNDER ORIGINAL APD. WAIVER TO THE 30 DAY NOTICE (RULE 305) & WAIVER TO CONSULTATON (RULE 306) IN ATTACHED SURFACE USE AGREEMENT WHICH IS STILL VALID. NO CONDUCTOR CASING WILL BE USED.**

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: SUSAN FOLK

Title: PERMITS Date: _____ Email: SUSAN.FOLK@BP.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

05 067 09641 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
2585478	APD ORIGINAL	LF@2206236 2585478
2585479	SURFACE AGRMT/SURETY	LF@2206237 2585479

Total Attach: 2 Files