

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:

400030722

Plugging Bond Surety

6195971

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: EOG RESOURCES INC 4. COGCC Operator Number: 27742

5. Address: 600 17TH ST STE 1100N
City: DENVER State: CO Zip: 80202

6. Contact Name: Amber Schaller Phone: (303)824-5582 Fax: (303)824-5583
Email: amber_schaller@eogresources.com

7. Well Name: Critter Creek Well Number: 5-10H

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

9. Proposed Total Measured Depth: 12861

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 10 Twp: 11N Rng: 63W Meridian: 6

Latitude: 40.931053 Longitude: -104.411856

Footage at Surface: 501 FNL/FSL FSL 642 FEL/FWL FEL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 5246.4 13. County: WELD

14. GPS Data:

Date of Measurement: 12/01/2009 PDOP Reading: 1.7 Instrument Operator's Name: Uintah Engineering & Land Surveying

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 _____

855 FSL 976 FEL 600 FNL 600 FWL

Sec: 10 Twp: 11N Rng: 63W Sec: 10 Twp: 11N Rng: 63W

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: 226 ft

18. Distance to nearest property line: 501 ft 19. Distance to nearest well permitted/completed in the same formation: 10507 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#: _____

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):
See attached.

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 639

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 and 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		60	0
SURF	13+1/2	9+5/8	36 Lbs	1,350	705	1,350	0
1ST	8+3/4	7	23 Lbs	7,577	800	7,577	0
1ST LINER	6+1/4	4+1/2	11.6 Lbs	12,861	450	12,861	6,727

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: Amber Schaller

Title: Regulatory Assistant Date: _____ Email: amber_schaller@eogresources.

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
400030756	PLAT	Legal Plat.pdf
400030760	TOPO MAP	Topo Map.pdf
400030761	DEVIATED DRILLING PLAN	Deviated Drlg Plan.pdf
400030762	DRILLING PLAN	Drlg Plan wBOPE.pdf
400030937	SURFACE AGRMT/SURETY	SUA.pdf
400030940	OIL & GAS LEASE	Lease Description.pdf

Total Attach: 6 Files