

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:

2095395

Plugging Bond Surety

3. Name of Operator: EXXON MOBIL CORPORATION

4. COGCC Operator Number: 28600

5. Address: P O BOX 4358

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: INDEPENDENCE UNIT Well Number: 396-31A1

8. Unit Name (if appl): INDEPENDENCE U Unit Number: COC069926
X

9. Proposed Total Measured Depth: 13500

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 31 Twp: 3S Rng: 96W Meridian: 6

Latitude: 39.741995 Longitude: -108.204230

Footage at Surface: 1209 FNL/FSL FSL 702 FEL/FWL FEL

11. Field Name: PICEANCE CREEK Field Number: 68800

12. Ground Elevation: 7473 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 11/28/2007 PDOP Reading: 4.5 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 1989 FSL 271 FEL FEL Bottom Hole: FNL/FSL 1989 FSL 271 FEL FEL
Sec: 31 Twp: 3S Rng: 96W Sec: 31 Twp: 3S Rng: 96W

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: 30 ft

18. Distance to nearest property line: 624 ft 19. Distance to nearest well permitted/completed in the same formation: 7613 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 #: COC62044

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 Bond ☐ \$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: 271 ft 26. Total Acres in Lease: 724

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	100	120	0
SURF	14+3/4	10+3/4	45.4	4,700	2,630	4,700	0
1ST	6+1/8	4+1/2	15.1	13,500	750	13,500	5,600
2ND	9+7/8	7	26	9,200	1,340	9,200	4,200

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

33. Comments API 05-103-11249-00. THIS APD EXPIRES ON 04/16/2010. NO CHANGE TO APPROVED APD. THIS PAD HAS NOT BEEN BUILT. ATTACHED ARE FORM 2A & ATTACHMENTS. NOTE: THIS IS NOW AN EXPANDED LIBERTY UNIT WELL-CHANGE TO UNIT NAME.

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: 2/2/2010 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: _____

API NUMBER

05 103 11249 00

Permit Number: _____ Expiration Date: _____

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
2095395	APD ORIGINAL	LF@2236619 2095395
2095397	WELL LOCATION PLAT	LF@2236628 2095397
2095398	TOPO MAP	LF@2236641 2095398
400038511	FORM 2 SUBMITTED	400038511.pdf

Total Attach: 4 Files