

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:

2096310

Plugging Bond Surety

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: COLORADO INTERSTATE GAS COMPANY 4. COGCC Operator Number: 18600

5. Address: P O BOX 1087  
City: COLORADO SPRINGS State: CO Zip: 80944

6. Contact Name: ANTHONY P. TRINKO Phone: (719)520-4557 Fax: (719)667-7739  
Email: ANTHONY.TRINKO@ELPASO.COM

7. Well Name: TOTEM Well Number: 7

8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 9763

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 8 Twp: 2S Rng: 62W Meridian: 6  
Latitude: 39.888400 Longitude: -104.342580

Footage at Surface: 1810 FNL/FSL FSL 1190 FEL/FWL FEL

11. Field Name: TOTEM Field Number: 83000

12. Ground Elevation: 5167 13. County: ADAMS

14. GPS Data:

Date of Measurement: 01/27/2010 PDOP Reading: 1.9 Instrument Operator's Name: RICHARD P. GABRIEL

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 \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

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: 2900 ft

18. Distance to nearest property line: 833 ft 19. Distance to nearest well permitted/completed in the same formation: 246 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.)
J SAND	JSND			

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 ATTACHMENT.

25. Distance to Nearest Mineral Lease Line: 1190 ft 26. Total Acres in Lease: 8040

### 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: TO BE DETERMINED

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+3/4	10+3/4	40.5	1,110	399	1,110	0
1ST	9+7/8	7	26	7,583	195	7,583	5,100

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

33. Comments 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: ANTHONY P. TRINKO

Title: GEOLOGIST Date: 2/10/2010 Email: ANTHONY.TRINKO@ELPASO

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: \_\_\_\_\_

<b>API NUMBER</b>	Permit Number: _____	Expiration Date: _____
05	<b>CONDITIONS OF APPROVAL, IF ANY:</b>	

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
2096310	APD ORIGINAL	LF@2421703 2096310
2096311	WELL LOCATION PLAT	LF@2421704 2096311
2096312	TOPO MAP	LF@2421705 2096312
2096313	MINERAL LEASE MAP	LF@2421706 2096313
2096314	30 DAY NOTICE LETTER	LF@2421707 2096314
2096315	DEVIATED DRILLING PLAN	LF@2421708 2096315
2096316	CORRESPONDENCE	LF@2421709 2096316
2096317	CORRESPONDENCE	LF@2421710 2096317

Total Attach: 8 Files