

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:

2096310

Plugging Bond Surety

3. Name of Operator: COLORADO INTERSTATE GAS COMPANY

4. COGCC Operator Number: 18600

5. Address: P O BOX 1087

City: COLORADO State: CO Zip: 80944
SPRINGS

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 1190 FEL/FWL
FSL 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: _____

API NUMBER **05** 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
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