

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:

1808938

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: BURLINGTON RESOURCES OIL & GAS LP4. COGCC Operator Number: 265805. Address: PO BOX 4289City: FARMINGTON State: NM Zip: 874996. Contact Name: PATSY CLUGSTON Phone: (505)326-9518 Fax: (505)599-4062Email: CLUGSPL@CONOCOPHILLIPS.COM7. Well Name: ALLISON UNIT COM Well Number: 149T8. Unit Name (if appl): ALLISON Unit Number: \_\_\_\_\_9. Proposed Total Measured Depth: 3449

## WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 21 Twp: 32N Rng: 6W Meridian: NLatitude: 36.999180 Longitude: -107.508570
 Footage at Surface: 330 FNL/FSL FNL 165 FEL/FWL FWL
11. Field Name: IGNACIO BLANCO Field Number: 3830012. Ground Elevation: 6262 13. County: LA PLATA

## 14. GPS Data:

Date of Measurement: 03/12/2008 PDOP Reading: 0.0 Instrument Operator's Name: ROY A BUSH15. If well is ☐ Directional ☒ Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 700 FNL 1500 FEL 700 FEL 1500  
 Bottom Hole: FNL/FSL 700 FNL 1500 FEL 700 FEL 1500  
 Sec: 21 Twp: 32N Rng: 6W Sec: 21 Twp: 32N Rng: 6W
16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 140 ft18. Distance to nearest property line: 140 ft 19. Distance to nearest well permitted/completed in the same formation: 2000 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			

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):  
BH LOCATION: LA PLATA CO.; SEC 21, T32N, R6W, SEC 21, LOTS 1-3, SENE, SWNE, SENW, NENE, NWNE, NENW.

25. Distance to Nearest Mineral Lease Line: \_\_\_\_\_ 26. Total Acres in Lease: 152

### 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: RESERVE PIT

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	12+1/4	9+5/8	32.3	600	353	600	0
1ST	8+3/4	7	23	2,982	580	2,892	0

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

33. Comments THIS WELL IS A HORIZONTAL WELL (MOTHERBORE AND 2 LATERALS). THE MOTHERBORE INTERVAL WILL NOT BE A PRODUCTIVE INYERVAL. THE SURFACE LOCATION OF THIS WELL IS IN NM, BUT THE PRODUCING INTERVALS ARE IN COLORADO.

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: PATSY CLUGSTON

Title: SR REGULATORY SPECIALIST Date: \_\_\_\_\_ Email: CLUGSPL@CONOCOPHILLIP

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
1808938	APD ORIGINAL	LF@2192307 1808938
1808952	CORRESPONDENCE	LF@2192308 1808952
1808953	WELL LOCATION PLAT	LF@2192309 1808953
1808954	SURFACE AGRMT/SURETY	LF@2192310 1808954
1808956	DEVIATED DRILLING PLAN	LF@2192311 1808956

Total Attach: 5 Files