

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:

1808939

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 LP 4. COGCC Operator Number: 26580

5. Address: PO BOX 4289

City: FARMINGTON State: NM Zip: 87499

6. Contact Name: PATSY CLUGSTON Phone: (505)326-9518 Fax: (505)599-4062

Email: CLUGSPL@CONOCOPHILLIPS.COM

7. Well Name: ALLISON UNIT COM Well Number: 149T

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

9. Proposed Total Measured Depth: 6117

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 21 Twp: 32N Rng: 6W Meridian: N

Latitude: 36.999180 Longitude: -107.508570

Footage at Surface: 330 FNL/FSL FNL 165 FEL/FWL FWL

11. Field Name: IGNACIO BLANCO Field Number: 38300

12. 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. RUSH

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 561 FSL 2349 FWL 700 Bottom Hole: FNL/FSL 1500 FEL/FWL FEL
Sec: 21 Twp: 32N Rng: 6W Sec: 21 Twp: 32N Rng: 6W

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: 140 ft

18. 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		336	

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, SE/NE, SW/NE, SE/NW, NE/NE, NW/NE, NE/NW

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
CONDUCTOR	12+1/4	9+5/8	32.3	600	353	600	0
SURF	8+3/4	7	23	2,982	580	2,892	0
1ST	6+1/4	4+1/2	11.6	3,344			

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 INTERVAL. 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: REGULATORY Date: 12/11/2009 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: _____

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
1808939	APD ORIGINAL	LF@2192302 1808939
1808949	CORRESPONDENCE	LF@2192303 1808949
1808950	WELL LOCATION PLAT	LF@2192304 1808950
1808951	SURFACE AGRMT/SURETY	LF@2192305 1808951
1808957	DEVIATED DRILLING PLAN	LF@2192306 1808957
400021785	FORM 2 SUBMITTED	400021785.pdf

Total Attach: 6 Files