

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:

2096733

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: BP AMERICA PRODUCTION COMPANY4. COGCC Operator Number: 100005. Address: 501 WESTLAKE PARK BLVDCity: HOUSTON State: TX Zip: 770796. Contact Name: SUSAN FOLK Phone: (970)335-3828 Fax: (970)335-3837Email: SUSAN.FOLK@BP.COM7. Well Name: SCHOFIELD GU A Well Number: 3

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

9. Proposed Total Measured Depth: 3625

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 3 Twp: 32N Rng: 7W Meridian: NLatitude: 37.051560 Longitude: -107.597610
 Footage at Surface: 632 FNL/FSL FNL 2198 FEL/FWL FWL
11. Field Name: IGNACIO BLANCO Field Number: 3830012. Ground Elevation: 6492.354 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 02/09/2009 PDOP Reading: 2.4 Instrument Operator's Name: BILL MITCHELL15. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 1611 FNL 2346 FWL 1965 FNL 2380 FWL
 Bottom Hole: FNL/FSL 1965 FNL 2380 FWL
 Sec: 3 Twp: 32N Rng: 7W Sec: 3 Twp: 32N Rng: 7W
16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 1003 ft18. Distance to nearest property line: 878 ft 19. Distance to nearest well permitted/completed in the same formation: 1304 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	112-190	320	N/2

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):
W/2NE/4, E/2NW/4 OF SECTION 3, T32N, R7W PLUS ADDITIONAL ACRES.

25. Distance to Nearest Mineral Lease Line: _____ 26. Total Acres in Lease: _____

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: RECYCLE/REUSE

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	8+5/8	20	590	387	590	0
1ST	7+7/8	5+1/2	15.5	3,625	254	3,625	0

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

33. Comments THERE HAVE BEEN NO CHANGES IN THE SURFACE LOCATION OR LAYOUT FROM ORIGINAL APD. SITE HAS NOT BEEN BUILT. SUA IS STILL VALID. WAIVER TO 30 DAY NOTICE (RULE 305) AND CONSULTATON (RULE 306) CAN BE FOUND IN ATTACHED SUA. NO CONDUCTOR CASING WILL BE USED.

34. Location ID: 333370

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: SUSAN FOLK

Title: PERMITTING Date: 2/23/2010 Email: SUSAN.FOLK@BP.COM

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

05 067 09765 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
2096733	APD ORIGINAL	LF@2425361 2096733
2096735	MINERAL LEASE MAP	LF@2425362 2096735
2096736	SURFACE AGRMT/SURETY	LF@2425363 2096736

Total Attach: 3 Files