

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 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 Number: NM104815

9. Proposed Total Measured Depth: 3449

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 BUSH

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

Footage at Top of Prod Zone: FNL/FSL 391 FNL 2247 FEL 700 FEL/FSL 1500 FEL 700
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			

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	3,449	580	3,449	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 INTERVAL. THE SURFACE LOCATION OF THIS WELL IS IN NM, BUT THE PRODUCING INTERVALS ARE IN COLORADO. THIS IS THE MOTHERBORE.

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: 12/3/2009 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: David S. Neslin Director of COGCC Date: 3/12/2010

API NUMBER

05 067 09810 00

Permit Number: _____ Expiration Date: 3/11/2011

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.

The State of Colorado will require all the usual forms be submitted. Including but not limited to the following: Drilling Completion Report (form 5); with attachments including As-Drilled GPS, Directional Survey, Logs Completed Interval Report (form 5A) Production Report (form 7) Certification of Clarence and/or Change of Operation (form 10) Well Abandonment Report (form 6) when applicable.

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1)Run and submit 3D Directional Survey from kick-off point to TD 2)The operator shall comply with Rule 321, and it shall be the operator's responsibility to ensure that the well bore complies with setback requirements in Commission orders and/or rules prior to producing the well. 3)Sample and test two closest water wells located within a ¼ mile of the interval of where the directional wellbore intercepts the top bottom of the Fruitland Coal.Measure the distances from the line created when converting the wellbore's 3D directional coordinates to 2D surface coordinates.Contact mark.weems@state.co.us to obtain a drawing to clarify these instructions. 4)Operators are required to obtain a bottom hole pressure utilizing a bottom hole gauge after a minimum 48 hour shut-in period following completion and prior to sales

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
1828822	OTHER	LF@2432313 1828822
400021798	FORM 2 SUBMITTED	LF@2432291 400021798

Total Attach: 7 Files