

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 GAS STORAGE
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling
Sidetrack

Document Number:
2096310
Plugging Bond Surety
19900022

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 FSL 1190 FEL/FWL 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 1300 FSL 1500 FEL 600 FEL/FWL 2650 FEL
Sec: 8 Twp: 2S Rng: 62W Sec: 17 Twp: 2S Rng: 62W

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

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 #: 5160/73

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: 600 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: David S. Nashin Director of COGCC Date: 4/13/2010

API NUMBER
05 001 09728 00

Permit Number: _____ Expiration Date: 4/12/2012

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.

COGCC - SME 1) Provide 24 hr notice of spud to Jim Precup at 303-469-1902 or e-mail at jim.precup@state.co.us.. 2) Set surface casing per Rule 317d, cement to surface. Setting surface casing less than the approved depth is a permit violation unless prior written approval is obtained from the COGCC. 3) If completed, provide cement coverage from TD to a minimum of 200' above D-Sand. Verify coverage with cement bond log. 4) Comply with Rule 321. Run and submit Directional Survey from TD to base of surface casing. Ensure that the wellbore complies with setback requirements in commission orders or rules prior to producing the well.

Attachment Check List

Att Doc Num	Name	Doc Description
1760635	LOCATION PICTURES	LF@2441210 1760635
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
400042411	FORM 2 SUBMITTED	LF@2431276 400042411

Total Attach: 10 Files