

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



DE ET OE ES

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

Refilling
Sidetrack

Document Number:
1692459
Plugging Bond Surety
20030058

3. Name of Operator: EOG RESOURCES INC 4. COGCC Operator Number: 27742

5. Address: 600 17TH ST STE 1100N
City: DENVER State: CO Zip: 80202

6. Contact Name: AMBER SCHALLER Phone: (303)824-5582 Fax: (303)824-5583
Email: AMBER.SCHALLER@EOGRESOURCES.COM

7. Well Name: HOLSTEIN Well Number: 11-28H

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

9. Proposed Total Measured Depth: 12866

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 28 Twp: 11N Rng: 63W Meridian: 6

Latitude: 40.887758 Longitude: -104.430500

Footage at Surface: 575 FNL/FSL FSL 600 FEL/FWL FEL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 5236.6 13. County: WELD

14. GPS Data:

Date of Measurement: 09/10/2009 PDOP Reading: 2.6 Instrument Operator's Name: UINTAH ENGINEERING & LAND SURVEYING

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

Footage at Top of Prod Zone: FNL/FSL 913 FSL 937 FEL 937 FEL/FWL 600 FNL 600 FNL/FWL 600 FEL/FWL 600
Sec: 28 Twp: 11N Rng: 63W Sec: 28 Twp: 11N Rng: 63W

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: 600 ft

18. Distance to nearest property line: 600 ft 19. Distance to nearest well permitted/completed in the same formation: 2 mi

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.)
NIOBRARA	NBRR			

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):
 MAP ATTACHED.

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 2720

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: BACKFILL AND COVER

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	20	16		60		60	0
SURF	13+1/2	9+5/8	36	1,390	700	1,390	0
1ST	8+3/4	7	23	7,580	795	7,580	0
2ND	6+1/4	4+1/2	11.6	6,730	440	12,866	6,730

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

33. Comments _____

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: AMBER SCHALLER

Title: REGULATORY ANALYST Date: 10/21/2009 Email: AMBER.SCHALLER@EOGRE

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: 12/18/2009

API NUMBER
 05 123 30920 00

Permit Number: _____ Expiration Date: 12/17/2011

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.

Note surface casing setting depth change from 1350' to 1390'. Increase cement coverage accordingly and cement to surface. 1) Provide 24 hr notice of spud to Ed Binkley at 970-506-9834 or e-mail at ed.binkley@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 Niobrara. 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
1692464	WELL LOCATION PLAT	LF@2162283 1692464
1692465	CONST. LAYOUT DRAWINGS	LF@2162285 1692465
1692466	DEVIATED DRILLING PLAN	LF@2162288 1692466
1692469	SURFACE AGRMT/SURETY	LF@2162287 1692469
1692470	MINERAL LEASE MAP	LF@2162289 1692470
2097603	TOPO MAP	LF@2162284 2097603
2097604	DRILLING PLAN	LF@2162286 2097604
2109207	SURFACE CASING CHECK	LF@2188854 2109207.00000
400013296	CORRESPONDENCE	LF@2173208 400013296
400024762	APD ORIGINAL	LF@2162282 400024762

Total Attach: 10 Files