

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:

1791404

Plugging Bond Surety

20090077

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: EXXON MOBIL OIL CORPORATION

4. COGCC Operator Number: 28700

5. Address: P O BOX 4358 WGR RM 310

City: HOUSTON State: TX Zip: 77210-4358

6. Contact Name: MARK DEL PICO Phone: (281)654-1926 Fax: (281)654-1940  
Email: MARK DELPICO@EXXONMOBIL.COM

7. Well Name: PICEANCE CRK U Well Number: 197-36A8

8. Unit Name (if appl): PICEANCE CRK U Unit Number: COC-47666X

9. Proposed Total Measured Depth: 14100

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 36 Twp: 1S Rng: 97W Meridian: 6

Latitude: 39.918708 Longitude: -108.229113

Footage at Surface: 1882 FNL/FSL FSL 2619 FEL/FWL FWL

11. Field Name: PICEANCE CREEK Field Number: 68800

12. Ground Elevation: 7081 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 09/12/2007 PDOP Reading: 2.4 Instrument Operator's Name: T. PETTY

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

Footage at Top of Prod Zone: FNL/FSL 2445 FNL 820 FWL FWL Bottom Hole: FNL/FSL 2445 FNL 820 FWL FWL  
Sec: 36 Twp: 1S Rng: 97W Sec: 36 Twp: 1S Rng: 97W

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: 200 ft

18. Distance to nearest property line: 9149 ft 19. Distance to nearest well permitted/completed in the same formation: 933 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.)
MESAVERDE	MVRD			
OHIO CREEK	OHCRK			
WASATCH	WSTC			

21. Mineral Ownership: ☐ Fee ☐ State ☒ Federal ☐ Indian Lease #: COC 035710

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):

25. Distance to Nearest Mineral Lease Line: 213 ft 26. Total Acres in Lease: 1994

### 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: BURIAL

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		120	90	120	0
SURF	14+3/4	10+3/4	45.5	4,700	2,400	4,700	0
1ST	9+7/8	7	26	9,800	1,510	9,800	4,400
2ND	6+1/8	4+1/2	15.1	14,100	640	14,100	7,500

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

33. Comments THIS APD EXPIRES ON 2/18/2010. NO CHANGE TO APPROVED APD. THIS PAD HAS BEEN BUILT & CONDUCTOR/CELLARS HAVE BEEN SET FOR ALL 10 WELLS ON THIS PAD. NO FORM 2A IS REQUIRED AS THIS IS NOT IN AN RSO AREA. API# 05-103-11187-00.

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: MARK DEL PICO

Title: STAFF REG SPECIALIST Date: 12/15/2009 Email: MARK\_DELPICO@EXXONMO

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. Nesline Director of COGCC Date: 1/24/2010

#### API NUMBER

05 103 11187 00

Permit Number: \_\_\_\_\_ Expiration Date: 1/23/2012

#### 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.

1)24 HOUR SPUD NOTICE REQUIRED. E-MAIL: david.andrews@state.co.us 2)RESERVE PIT MUST BE LINED. 3) CEMENT TOP VERIFICATION BY CBL REQUIRED. 4)THE MOISTURE CONTENT OF ANY DRILL CUTTINGS IN A CUTTINGS PIT, TRENCH, OR PILE SHALL BE AS LOW AS PRACTICABLE TO PREVENT ACCUMULATION OF LIQUIDS GREATER THAN DE MINIMIS AMOUNTS. AT THE TIME OF CLOSURE, THE DRILL CUTTINGS MUST ALSO MEET THE APPLICABLE STANDARDS OF TABLE 910-1. 5)NO PORTION OF ANY PIT THAT WILL BE USED TO HOLD LIQUIDS SHALL BE CONSTRUCTED ON FILL MATERIAL, UNLESS THE PIT AND FILL SLOPE ARE DESIGNED AND CERTIFIED BY A PROFESSIONAL ENGINEER, SUBJECT TO REVIEW AND APPROVAL BY THE DIRECTOR PRIOR TO CONSTRUCTION OF THE PIT. THE CONSTRUCTION AND LINING OF THE PIT SHALL BE SUPERVISED BY A PROFESSIONAL ENGINEER OR THEIR AGENT. THE ENTIRE BASE OF THE PIT MUST BE IN CUT. 6)THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1 MILE IS 000 FEET DEEP.

**Attachment Check List**

Att Doc Num	Name	Doc Description
400022420	FORM 2 SUBMITTED	LF@2201056 400022420
400034983	APD ORIGINAL	LF@2197495 400034983

Total Attach: 2 Files