

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 _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refilling
Sidetrack

Document Number:
400038427
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: Randall Creek Well Number: 1-28H

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

9. Proposed Total Measured Depth: 12639

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 28 Twp: 12N Rng: 62W Meridian: 6
Latitude: 40.974289 Longitude: -104.321308

Footage at Surface: 325 FNL/FSL FSL 1600 FEL/FWL FEL

11. Field Name: Hereford Field Number: 34200

12. Ground Elevation: 5286.5 13. County: WELD

14. GPS Data:

Date of Measurement: 01/20/2010 PDOP Reading: 2.2 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 792 FSL 1098 FEL 600 FEL/FWL 600 FNL 600 FWL 600
Sec: 28 Twp: 12N Rng: 62W Sec: 28 Twp: 12N 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: 325 ft

18. Distance to nearest property line: 325 ft 19. Distance to nearest well permitted/completed in the same formation: 3775 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.)
Niobrara	NBRR	421-1	640	ALL

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):
See attached

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 1200

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 Lbs	1,350	705	1,350	0
1ST	8+3/4	7	23 Lbs	7,481	790	7,481	0
1ST LINER	6+1/4	4+1/2	11.6 Lbs	12,639	440	12,639	6,631

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 Assistant Date: 2/16/2010 Email: amber_schaller@eogresources.

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: 3/26/2010

API NUMBER
05 123 31357 00

Permit Number: _____ Expiration Date: 3/24/2012

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 ENG COA – SME 1) Provide 24 hr notice of MIRU to Bo Brown at 970-392-4124 or e-mail at bo.brown@state.co.us. 2) Set surface casing per Rule 317d, setting surface casing less than the approved depth is a permit violation unless prior written approval is obtained from the COGCC. 3) If intermediate/production casing is set, cement coverage shall be at a minimum from the production casing shoe to 200' above Niobrara. Verify all placed cement 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
1725679	SURFACE CASING CHECK	LF@2440219 1725679
400040404	WELL LOCATION PLAT	LF@2427189 400040404
400040405	TOPO MAP	LF@2427190 400040405
400040406	LEGAL/LEASE DESCRIPTION	LF@2427191 400040406
400040408	DRILLING PLAN	LF@2427192 400040408
400040409	DEVIATED DRILLING PLAN	LF@2427193 400040409
400044277	SURFACE AGRMT/SURETY	LF@2427194 400044277
400044281	FORM 2 SUBMITTED	LF@2427195 400044281

Total Attach: 8 Files