

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:

400075975

Plugging Bond Surety

20030058

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: EOG RESOURCES INC4. COGCC Operator Number: 277425. Address: 600 17TH ST STE 1100NCity: DENVER State: CO Zip: 802026. Contact Name: Nanette Lupcho Phone: (435)781-9157 Fax: (435)789-7633Email: Nanette.Lupcho@EOGresources.com7. Well Name: Garden Creek Well Number: 24-32H

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

9. Proposed Total Measured Depth: 11341

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 32 Twp: 11N Rng: 62W Meridian: 6Latitude: 40.873733 Longitude: -104.336364

		FNL/FSL		FEL/FWL
Footage at Surface:	<u>501</u>	<u>FSL</u>	<u>501</u>	<u>FEL</u>

11. Field Name: Wildcat Field Number: 9999912. Ground Elevation: 5143 13. County: WELD

14. GPS Data:

Date of Measurement: 05/17/2010 PDOP Reading: 1.7 Instrument Operator's Name: Robert L Kay15. If well is ☐ Directional ☒ Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone:	FNL/FSL	FEL/FWL	Bottom Hole:	FNL/FSL	FEL/FWL
<u>686</u>	<u>FSL</u>	<u>938</u>	<u>2150</u>	<u>FSL</u>	<u>600</u>
					<u>FWL</u>
Sec: <u>32</u>	Twp: <u>11N</u>	Rng: <u>62W</u>	Sec: <u>32</u>	Twp: <u>11N</u>	Rng: <u>62W</u>

16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 488 ft18. Distance to nearest property line: 501 ft 19. Distance to nearest well permitted/completed in the same formation: 4742 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	N/A		

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):
Township 11 North , Range 62 West of the 6th P.M. Section 32: N2, SE, SW

25. Distance to Nearest Mineral Lease Line: 501 ft 26. Total Acres in Lease: 1229

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: Back fill 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	42	60	50	60	0
SURF	13+1/2	9+5/8	36.0	1,150	600	1,150	0
1ST	8+3/4	7	23	7,313	775	7,313	0
1ST LINER	6	4+1/2	11.6	11,341	300	11,341	6,563

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: Nanette Lupcho

Title: Regulatory Assistant Date: _____ Email: Nanette_Lupcho@EOGResour

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: _____ Director of COGCC Date: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05

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.

Attachment Check List

Att Doc Num	Name	Doc Description
400076004	DRILLING PLAN	Garden Creek 24-32H_APD Drilling Plan.pdf
400076006	TOPO MAP	GARDEN CREEK 24-32H-2.TOPO C pdf.pdf
400076007	PLAT	GARDEN CREEK 24-32H L plat.pdf
400081860	DEVIATED DRILLING PLAN	Garden Creek 24-32H_APD Directional Report.pdf

Total Attach: 4 Files