

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:

400103524

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 INC 4. COGCC Operator Number: 27742

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

6. Contact Name: Nanette Lupcho Phone: (435)781-9157 Fax: (435)789-7633
Email: nanette_lupcho@eogresources.com

7. Well Name: Garden Creek Well Number: 21-32H

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

9. Proposed Total Measured Depth: 12039

WELL LOCATION INFORMATION

10. QtrQtr: NENE Sec: 32 Twp: 11N Rng: 62W Meridian: 6

Latitude: 40.885297 Longitude: -104.336786

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

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 5163 13. County: WELD

14. GPS Data:

Date of Measurement: 06/23/2010 PDOP Reading: 2.7 Instrument Operator's Name: Robert L Kay

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

Footage at Top of Prod Zone: FNL/FSL 624 FSL 1023 FEL/FWL FEL Bottom Hole: FNL/FSL 2190 FNL 600 FWL FWL

Sec: 29 Twp: 11N Rng: 62W Sec: 29 Twp: 11N 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: 368 ft

18. Distance to nearest property line: 600 ft 19. Distance to nearest well permitted/completed in the same formation: 5280 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		

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#: 20090114

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):
The lease covers all minerals within Section 29.

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 640

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 Cover and Fill

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	1,170	610	1,170	0
1ST	8+3/4	7	23	7,478	790	7,478	0
2ND LINER	6	4+1/2	11.6	12,039	325	12,039	6,803

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@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: _____ 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
400103615	PLAT	GARDEN CREEK 21-32H L Plats.pdf
400103616	TOPO MAP	GARDEN CREEK 21-32H Topo.pdf
400103620	DEVIATED DRILLING PLAN	Garden Creek 21-32H_APD Directional Report.pdf
400103622	DRILLING PLAN	Garden Creek 21-32H_APD Drilling Plan.pdf

Total Attach: 4 Files