

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

Refiling
Sidetrack

Document Number:
40011835
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: Jennifer Yu Phone: (303)824-5576 Fax: (303)824-5577
Email: jennifer_yu@eogresources.com

7. Well Name: Garden Creek Well Number: 24-32H

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

9. Proposed Total Measured Depth: 12924

WELL LOCATION INFORMATION

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

Footage at Surface: 501 feet FNL/FSL FSL 501 feet FEL/FWL FEL

11. Field Name: Wildcat Field Number: 99999

12. 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. Kay

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

Footage at Top of Prod Zone: FNL/FSL 837 FSL 835 FEL 600 Bottom Hole: FNL/FSL 600 FEL/FWL 600
FNL/FSL 837 FSL 835 FEL 600 FNL/FSL 600 FEL/FWL 600
Sec: 32 Twp: 11N Rng: 62W Sec: 32 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: 489 ft

18. 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	421-3	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):
 Township 11 North, Range 62 West of 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: Backfill & 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	13	42	60	50	60	0
SURF	13+1/2	9+5/8	36	1,150	600	1,150	0
1ST	8+3/4	7	23	7,455	790	7,455	0
1ST LINER	6	4+1/2	11.6	12,924	385	12,924	6,705

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

33. Comments The bottom hole of the referenced well has changed. A pilot hole has also been added.

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: Jennifer Yu

Title: Regulatory Administrator Date: _____ Email: jennifer_yu@eogresources.com

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: _____

API NUMBER 05 123 32445 01	Permit Number: _____ Expiration Date: _____
--------------------------------------	---

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
400111869	PLAT
400111872	DEVIATED DRILLING PLAN
400111876	DRILLING PLAN
400111879	TOPO MAP

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)