

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

Refiling
Sidetrack

Document Number:
400165558
Plugging Bond Surety
20100210

3. Name of Operator: XTO ENERGY INC 4. COGCC Operator Number: 100264

5. Address: 382 CR 3100
City: AZTEC State: NM Zip: 87410

6. Contact Name: Kelly Kardos Phone: (505)333-3145 Fax: (505)213-0546
Email: kelly_kardos@xtoenergy.com

7. Well Name: HOCKER Well Number: 3-35

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

9. Proposed Total Measured Depth: 3002

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 35 Twp: 33N Rng: 7W Meridian: N
Latitude: 37.056080 Longitude: -107.573200

Footage at Surface: 1000 feet ^{FNL/FSL} FSL 1216 feet ^{FEL/FWL} FEL

11. Field Name: IGNACIO BLANCO Field Number: 38300

12. Ground Elevation: 6316 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 09/15/2008 PDOP Reading: 6.0 Instrument Operator's Name: DAVID ALEXANDER

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

Footage at Top of Prod Zone: ^{FNL/FSL} 1630 ^{FSL} FSL 855 ^{FEL} FEL ^{FNL/FSL} 1782 ^{FSL} FSL 774 ^{FEL/FWL} FEL
Sec: 35 Twp: 33N Rng: 7W Sec: 35 Twp: 33N Rng: 7W

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: 1000 ft

18. Distance to nearest property line: 1000 ft 19. Distance to nearest well permitted/completed in the same formation: 765 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.)

21. Mineral Ownership: Fee State Federal Indian Lease #: I-22-IND-2759

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):
SEC. 35: SE/4, SEC. 36: S/2

25. Distance to Nearest Mineral Lease Line: 774 ft 26. Total Acres in Lease: 480

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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite **If 28, 29, or 30 are "Yes" a pit permit may be required.**

Method: Land Farming Land Spreading Disposal Facility Other: CLOSED LOOP MUD SYST

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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	24	16	75#	0	84	177	84	0
SURF	12+1/4	8+5/8	32#	0	1,024	290	1,024	0
1ST	7+7/8	4+1/2	11.6#	0	7,786	1,017	7,800	1,890

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

33. Comments No conductor csg will be set. Proposed well will be drilled from existing Ute A 1R Govt. E/2 is covered by CA COC 065449.

34. Location ID: 306767

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: Kelly K. Kardos

Title: Sr. Permitting Tech Date: _____ Email: kelly_kardos@xtoenergy.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 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.

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Attachment Check List

Att Doc Num	Name
400162805	PLAT
400162807	CEMENT JOB SUMMARY
400162809	DIRECTIONAL SURVEY
400165697	LAS-CEMENT BOND
400165698	LAS-MUD

Total Attach: 5 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)