

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:
400169392

Plugging Bond Surety

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE COMMINGLE

Refiling
Sidetrack

3. Name of Operator: BP AMERICA PRODUCTION COMPANY 4. COGCC Operator Number: 10000

5. Address: 501 WESTLAKE PARK BLVD
City: HOUSTON State: TX Zip: 77079

6. Contact Name: Debra Bemenderfer Phone: (970)375-6813 Fax: (970)382-6696
Email: deb.bemenderfer@ch2m.com

7. Well Name: So Ute Tribal AW Well Number: 4

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

9. Proposed Total Measured Depth: 3860

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 6 Twp: 33N Rng: 7W Meridian: N
Latitude: 37.129020 Longitude: -107.647330

Footage at Surface: 1137 feet FSL 1828 feet FEL

11. Field Name: Ignacio Blanco Field Number: 38300

12. Ground Elevation: 6562.6 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 03/27/2008 PDOP Reading: 2.1 Instrument Operator's Name: Robert Hinojosa

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

Footage at Top of Prod Zone: 918 FSL 1971 FWL Bottom Hole: 845 FSL 1457 FWL
Sec: 6 Twp: 33N Rng: 7W Sec: 6 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: 827 ft

18. Distance to nearest property line: 1244 ft 19. Distance to nearest well permitted/completed in the same formation: 1832 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.)
Fruitland Coal	FRLDC	112-180	320	W/2

21. Mineral Ownership: Fee State Federal Indian Lease #: 122IND2788
TTT

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 Surface Owners Agreement Attached or \$25,000 Blanket Surface Bond \$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):
Please see attached Mineral Lease

25. Distance to Nearest Mineral Lease Line: 103 ft 26. Total Acres in Lease: 5960

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: Recycle - Reuse
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
SURF	12+1/4	8+5/8	24	0	380	283	380	0
1ST	7+7/8	5+1/2	15.5	0	3,860	361	3,860	0

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None
33. Comments No conductor casing will be required. No liner will be required. No changes have been made since the original filing

34. Location ID: 326396
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: Debra Bemenderfer
Title: Permit Manager Date: _____ Email: deb.bemenderfer@ch2m.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 05 067 09724 00	Permit Number: _____	Expiration Date: _____
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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
400169540	LEGAL/LEASE DESCRIPTION

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)

BMP

Type

Comment

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

Total: 0 comment(s)