

**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

Document Number:  
 400172071  
 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: Nanette Lupcho Phone: (435)781-9157 Fax: (435)789-7633  
 Email: nanette\_lupcho@eogresources.com  
 7. Well Name: East Platte Well Number: 1-01H  
 8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_  
 9. Proposed Total Measured Depth: 11031

**WELL LOCATION INFORMATION**

10. QtrQtr: Lot 4 Sec: 1 Twp: 4N Rng: 61W Meridian: 6  
 Latitude: 40.349325 Longitude: -104.168761  
 Footage at Surface: 315 feet FNL 185 feet FWL  
 11. Field Name: Wildcat Field Number: 99999  
 12. Ground Elevation: 4459 13. County: WELD

14. GPS Data:  
 Date of Measurement: 02/10/2011 PDOP Reading: 1.5 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: 614 FNL 614 FWL Bottom Hole: 600 FNL 2639 FWL  
 Sec: 1 Twp: 4N Rng: 61W Sec: 1 Twp: 4N Rng: 61W

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: 18986 ft  
 18. Distance to nearest property line: 185 ft 19. Distance to nearest well permitted/completed in the same formation: 9398 ft

**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	535-4	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 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):

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 1061

### 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: \_\_\_\_\_

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	20	16	42	0	60	50	60	0
SURF	13+1/2	9+5/8	36	0	800	420	800	0
1ST	8+3/4	7	23	0	6,088	650	6,088	0
1ST LINER	6	4+1/2	11.6	5343	11,031	350	11,031	5,343

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: \_\_\_\_\_

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.

\_\_\_\_\_

### Attachment Check List

Att Doc Num	Name
400175576	DRILLING PLAN
400175577	DEVIATED DRILLING PLAN
400175579	LEGAL/LEASE DESCRIPTION
400175619	PLAT
400175620	TOPO MAP
400175651	EXCEPTION LOC WAIVERS

Total Attach: 6 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)