

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:

400175650

Plugging Bond Surety

19880020

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: MARATHON OIL COMPANY

4. COGCC Operator Number: 53650

5. Address: 5555 SAN FELIPE

City: HOUSTON State: TX Zip: 77056

6. Contact Name: Anna Walls Phone: (713)296-3468 Fax: (713)513-4394

Email: avwalls@marathonoil.com

7. Well Name: 697-23A Well Number: 12

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

9. Proposed Total Measured Depth: 9424

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 23 Twp: 6S Rng: 97W Meridian: 6

Latitude: 39.515070 Longitude: -108.184550

Footage at Surface: 241 feet FNL 1830 feet FEL

11. Field Name: Grand Valley Field Number: 31290

12. Ground Elevation: 8543 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 03/26/2007 PDOP Reading: 1.5 Instrument Operator's Name: John Dolinar

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

Footage at Top of Prod Zone: 523 FNL 1976 FEL Bottom Hole: 523 FNL 1976 FEL
Sec: 23 Twp: 6S Rng: 97W Sec: 23 Twp: 6S Rng: 97W

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: 3 mi

18. Distance to nearest property line: 241 ft 19. Distance to nearest well permitted/completed in the same formation: 640 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.)
Williams Fork	WMFK	510-21		

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):

see attached - pink

25. Distance to Nearest Mineral Lease Line: 523 ft 26. Total Acres in Lease: 7393

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: evaporation/backfill

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		0	140		140	0
SURF	14+3/4	9+5/8	36	0	2,000	1,000	2,000	0
1ST	8+3/4	4+1/2	11.6	0	9,424	675	9,424	5,500

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

33. Comments Surface owned by: Puckett Minerals owned by: Puckett There are no visible improvements within 400' of wellhead. Decrease surf csg to 2000'.(1) Pad has been built. (2) Pit has been constructed. (3) Refiled well will not require any expansion/additional surface disturbance of the pad. (4) The location does not require a variance from any of the rules listed in Rule 306.d.(1).(A).(ii).(5) The location is not in a wildlife RSO.

34. Location ID: 335512

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: Anna Walls

Title: Regulatory Compliance Rep Date: _____ Email: avwalls@marathonoil.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

05 045 14857 00

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
400175668	30 DAY NOTICE LETTER

Total Attach: 1 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>
Wildlife	see approved Wildlife Mitigation Plan

Total: 1 comment(s)