

**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:  
 400231532  
 PluggingBond SuretyID  
 20060137

3. Name of Operator: OXY USA WTP LP 4. COGCC Operator Number: 66571  
 5. Address: P O BOX 27757  
 City: HOUSTON State: TX Zip: 77227  
 6. Contact Name: Joan Proulx Phone: (970)263.3641 Fax: (970)263.3694  
 Email: joan\_proulx@oxy.com  
 7. Well Name: Shell Well Number: 797-03-21A  
 8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_  
 9. Proposed Total Measured Depth: 7251

**WELL LOCATION INFORMATION**

10. QtrQtr: Tct 71 Sec: 3 Twp: 7S Rng: 97W Meridian: 6  
 Latitude: 39.479580 Longitude: -108.202080  
 Footage at Surface: 794 feet FNL 1516 feet FEL  
 11. Field Name: Grand Valley Field Number: 31290  
 12. Ground Elevation: 6476 13. County: GARFIELD

14. GPS Data:  
 Date of Measurement: 08/17/2011 PDOP Reading: 1.7 Instrument Operator's Name: B Baker

15. If well is  Directional  Horizontal (highly deviated) **submit deviated drilling plan.**  
 Footage at Top of Prod Zone: 1580 FNL 2404 FEL Bottom Hole: 1580 FNL 2404 FEL  
 Sec: 3 Twp: 7S Rng: 97W Sec: 3 Twp: 7S 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: 13675 ft  
 18. Distance to nearest property line: 1163 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 385 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.)
Williams Fork	WMFK	510-26		

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 Mineral Lease Description

25. Distance to Nearest Mineral Lease Line: 241 ft

26. Total Acres in Lease: 4764

### 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+0/0	16+0/0	65	0	90	4	90	0
SURF	14+3/4	9+5/8	36	0	1,300	614	1,300	0
1ST	8+3/4	4+1/2	11.6	0	7,221	1,680	7,221	3,651

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

33. Comments The Shell 797-03A well pad has not been constructed. A semi-closed loop system will be used. Per GarCo Vacation Ordinance dated 10-5-1987, CR 213 is now OXY's private property north of Sec 8, 7S, 97W, 6 PM. Oxy will provide appropriate housing for essential personnel in order to conduct safe, efficient drilling operations at this well site.

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: Joan Proulx

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: joan\_proulx@oxy.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.

\_\_\_\_\_

### Attachment Check List

Att Doc Num	Name
400231543	WELL LOCATION PLAT
400231545	DEVIATED DRILLING PLAN
400231547	TOPO MAP
400231548	LEGAL/LEASE DESCRIPTION

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)