

FORM
2

Rev
12/05

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400297719

Date Received:

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 ☐

PluggingBond SuretyID

20010158

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: Patti Campbell Phone: (970)335-3828 Fax: (970)335-3837

Email: patricia.campbell@bp.com

7. Well Name: So Ute 32-09;06-02 Well Number: 2

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

9. Proposed Total Measured Depth: 2974

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 6 Twp: 32N Rng: 9W Meridian: N

Latitude: 37.051600 Longitude: -107.873130

Footage at Surface: 531 feet FNL/FSL 870 feet FEL/FWL
FNL FWL

11. Field Name: IGNACIO BLANCO Field Number: 38300

12. Ground Elevation: 6039.6 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 03/19/2008 PDOP Reading: 2.2 Instrument Operator's Name: JACOB BENSON

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

Footage at Top of Prod Zone: FNL/FSL FEL/FWL Bottom Hole: FNL/FSL FEL/FWL
1094 FNL 1090 FWL 1094 FNL 1090 FWL
Sec: 6 Twp: 32N Rng: 9W Sec: 6 Twp: 32N Rng: 9W

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: 512 ft

18. Distance to nearest property line: 438 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 2419 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	112-205	320	W/2

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):

Please see attached Lease and Lease map.

25. Distance to Nearest Mineral Lease Line: 217 ft

26. Total Acres in Lease: 640

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	14+1/2	10+3/4	40.5	0	464	385	464	0
1ST	9+7/8	7+5/8	26.4	0	2,301	293	2,301	0
1ST LINER	6+3/4	5+1/2	18	0	2,974	112	2,974	0

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

33. Comments Nothing has changed from the permit approved on 2/26/2010 (Document 2585478 - attached). Associated 2A, Document Number 2585480 expires 2/25/13.

34. Location ID: 307027

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: Patricia Campbell

Title: Regulatory Analyst Date: _____ Email: patricia.campbell@bp.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 09641 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
400297824	LEASE MAP
400297825	LEGAL/LEASE DESCRIPTION

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)

BMP

Type

Comment

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Total: 0 comment(s)