

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:

400298069

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: Lewis GU Well Number: 2

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

9. Proposed Total Measured Depth: 2456

WELL LOCATION INFORMATION

10. QtrQtr: NWSW Sec: 21 Twp: 35N Rng: 7W Meridian: N

Latitude: 37.285970 Longitude: -107.646440

Footage at Surface: 2337 feet FNL/FSL FSL 1101 feet FEL/FWL FWL

11. Field Name: Ignacio Blanco Field Number: 38300

12. Ground Elevation: 7510 13. County: LA PLATA

14. GPS Data:

Date of Measurement: 10/22/2008 PDOP Reading: 2.6 Instrument Operator's Name: Bill Mitchell

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

Footage at Top of Prod Zone: FNL/FSL 1567 FSL 1100 FWL 1100 Bottom Hole: FNL/FSL 1249 FSL 1100 FWL 1100
Sec: 21 Twp: 35N Rng: 7W Sec: 21 Twp: 35N 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: 358 ft

18. Distance to nearest property line: 182 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1667 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	112-156	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 map and Lease

25. Distance to Nearest Mineral Lease Line: 208 ft 26. Total Acres in Lease: 200

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	20	0	615	235	615	0
1ST	7+7/8	5+1/2	15.5	0	2,456	150	2,456	0

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

33. Comments Nothing has changed from the permit approved 4/13/2010 (Document Number 2585921). Associated 2A (Document Number 2585924) is approved through 4/12/2013.

34. Location ID: 413525

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 09747 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
400298200	LEASE MAP
400298202	LEGAL/LEASE DESCRIPTION

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)

BMP

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

Total: 0 comment(s)