

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:

400365659

Date Received:

01/07/2013

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

20030058

3. Name of Operator: EOG RESOURCES INC4. COGCC Operator Number: 277425. Address: 600 17TH ST STE 1100NCity: DENVER State: CO Zip: 802026. Contact Name: Mickenzie Gates Phone: (435)781-9145 Fax: (435)789-7633Email: mickenzie_gates@eogresources.com7. Well Name: Hebron Well Number: 3-12H

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

9. Proposed Total Measured Depth: 10668

WELL LOCATION INFORMATION

10. QtrQtr: NENE Sec: 12 Twp: 7N Rng: 81W Meridian: 6Latitude: 40.596919 Longitude: -106.426358Footage at Surface: 1007 feet FNL/FSL 324 feet FEL/FWL FEL11. Field Name: Coalmont Field Number: 1147512. Ground Elevation: 8133 13. County: JACKSON

14. GPS Data:

Date of Measurement: 11/25/2008 PDOP Reading: 1.0 Instrument Operator's Name: Robert L. Kay15. If well is ☐ Directional ☒ Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 1344 FNL 661 FEL 600 FSL 2020 FEL 600
Sec: 12 Twp: 7N Rng: 81W Sec: 12 Twp: 7N Rng: 81W16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 416 ft18. Distance to nearest property line: 315 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 3052 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.)
Niobrara	NBRR	531-2	640	All

21. Mineral Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian Lease #: _____22. Surface Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian23. 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 ☐ No23b. 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 the lease description submitted with the original permit.

25. Distance to Nearest Mineral Lease Line: 600 ft

26. Total Acres in Lease: 3028

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	12+1/4	9+5/8	36	0	800	325	800	0
1ST	8+3/4	7	23	0	6,958	475	6,958	0
1ST LINER	6	4+1/2	11.6	6207	10,668	360	10,668	6,207

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

33. Comments The referenced permit is being submitted as a file of the expiring Form 2. Original Doc #400117973. Mud disposal method has been updated. No changes to the original attachments.

34. Location ID: 413908

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: Mickenzie Gates

Title: Lead Regulatory Assistant Date: 1/7/2013 Email: mickenzie_gates@eogresource

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

05 057 06498 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.

Data retrieval failed for the subreport 'IntPolicy_NTO' located at: W:\Instrub\Net\Report\policy_nto.rdl. Please check th

Attachment Check List

Att Doc Num	Name
400365659	FORM 2 SUBMITTED

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>

Total: 0 comment(s)