

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:

400328250

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

3. Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC 4. COGCC Operator Number: 96850

5. Address: 1001 17TH STREET - SUITE #1200
City: DENVER State: CO Zip: 80202

6. Contact Name: Greg Davis Phone: (303)606-4071 Fax: (303)629-8268
Email: greg.j.davis@wpxenergy.com

7. Well Name: CDOW Well Number: KPS 22-12

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

9. Proposed Total Measured Depth: 9183

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 1 Twp: 7S Rng: 91W Meridian: 6
Latitude: 39.471344 Longitude: -107.502291

Footage at Surface: 296 feet FNL/FSL FSL 2655 feet FEL/FWL FWL

11. Field Name: Kokopelli Field Number: 47525

12. Ground Elevation: 7354 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 09/10/2012 PDOP Reading: 2.7 Instrument Operator's Name: J. Kirkpatrick

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

Footage at Top of Prod Zone: FNL/FSL 1619 FNL 1963 FWL FWL Bottom Hole: FNL/FSL 1619 FNL 1963 FWL FWL
Sec: 12 Twp: 7S Rng: 91W Sec: 12 Twp: 7S Rng: 91W

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: 590 ft

18. Distance to nearest property line: 1280 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1473 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.)
Iles	ILES	191-10	640	All
Williams Fork	WMFK	191-8	640	All

21. Mineral Ownership: Fee State Federal Indian Lease #: COC66720

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):
 Closed Loop. See Master APD

25. Distance to Nearest Mineral Lease Line: 294 ft 26. Total Acres in Lease: 1040

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: Re-use and evaporation

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	26	18	48#	0	100	40	100	0
SURF	13+1/2	9+5/8	32.3#	0	1,168	307	1,168	0
1ST	8+3/4	4+1/2	11.6#	0	9,183	1,010	9,183	

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

33. Comments Closed Loop. See WPX Master APD

34. Location ID: 383328

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: Greg Davis

Title: Supervisor Permits Date: _____ Email: greg.j.davis@wpxenergy.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.

Data retrieval failed for the subreport 'IntPolicy_NTO' located at: W:\Inetpub\NetReports\policy_nto.rdl. Please check th

Attachment Check List

Att Doc Num	Name
400336609	WELL LOCATION PLAT
400336610	TOPO MAP
400336748	DIRECTIONAL DATA
400336762	DEVIATED DRILLING PLAN
400379232	FED. DRILLING PERMIT
400381021	SURFACE AGRMT/SURETY

Total Attach: 6 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)