

FORM

2

Rev
12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2032557

Plugging Bond Surety

20010124

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling
Sidetrack

3. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP 4. COGCC Operator Number: 47120

5. Address: P O BOX 173779

City: DENVER State: CO Zip: 80217-3779

6. Contact Name: CHERYLLIGHT Phone: (720)929-6461 Fax: (720)929-7461

Email: CHERYLLIGHT@ANADARKO.COM

7. Well Name: ADAM FARM Well Number: 1-4

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

9. Proposed Total Measured Depth: 8018

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 4 Twp: 2N Rng: 68W Meridian: 6

Latitude: 40.171280 Longitude: -105.004060

Footage at Surface: 1340 FNL/FSL FNL 1587 FEL/FWL FEL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4884 13. County: WELD

14. GPS Data:

Date of Measurement: 03/04/2009 PDOP Reading: 6.0 Instrument Operator's Name: DANIEL JOHN CORRIELL

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

Footage at Top of Prod Zone: FNL/FSL 660 FNL 660 FEL 660 FEL 660
Bottom Hole: FNL/FSL 660 FNL 660 FEL 660 FEL 660

Sec: 4 Twp: 2N Rng: 68W Sec: 4 Twp: 2N Rng: 68W

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: 860

18. Distance to nearest property line: 736 19. Distance to nearest well permitted/completed in the same formation: 867

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.)
J SAND	JSND	232-23	320	N/2
NIOBRARA-CODELL	NB-CD	407-87	80	N/2NE

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 Bon \$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):
NE/4 & THE EAST 20 ACRES OF THE NW/4 T2N-R68W SEC 4

25. Distance to Nearest Mineral Lease Line: 660 26. Total Acres in Lease: 177

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 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

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	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24	950	665	950	0
1ST	7+7/8	4+1/2	11.6	8,018	200	8,018	

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

33. Comments NO CONDUCTOR CASING WILL BE USED

34. Location ID: 318150

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: Y Print Name: CHERYL LIGHT

Title: SR REG ANALYST Date: 4/14/2009 Email: CHERYL.LIGHT@ANADARKO.

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: David S. Neslin Director of COGCC Date: 7/28/2009

Permit Number: 20092464 Expiration Date: 7/27/2010

API NUMBER
05 123 30569 00

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

Comment	User Name	Comment Date
Agency		
1) PROVIDE 24 HOUR NOTICE OF MIRU TO JIM PRECUP AT 303-469-1902 OR E-MAIL AT JAMES.PRECUP@STATE.CO.US 2) COMPLY WITH RULE 317.I AND PROVIDE CEMENT COVERAGE FROM TD TO A MINIMUM OF 200' ABOVE NIOBRARA. VERIFY COVERAGE WITH CEMENT BOND LOG. 3) COMPLY WITH RULE 321. RUN AND SUBMIT DIRECTIONAL SURVEY FROM TD TO BASE OF SURFACE CASING. ENSURE THAT THE WELLBORE COMPLIES WITH SETBACK REQUIREMENTS IN COMMISSION ORDERS OR RULES PRIOR TO PRODUCING THE WELL.		07/14/2009

Attachment Check List

Att Doc Num	Name	Doc Description	Op. Check	File Size
1824849	LOCATION DRAWING	LF@2043319 1824849	Y	
1824850	WELL LOCATION PLAT	LF@2043259 1824850	Y	
2032557	APD ORIG & 1 COPY	LF@2038172 2032557	Y	
2032560	MULTI-WELL PLAN	LF@2038175 2032560	Y	
2032561	DEVIATED DRILLING PLAN	LF@2038176 2032561	Y	

Total Attach: 5 Files