

FORM  
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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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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

Document Number:  
1757707  
Plugging Bond Surety  
20010124

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: CHERYL.LIGHT@ANADARKO.COM

7. Well Name: COLAND STATE Well Number: 9-16

8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 7515

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 16 Twp: 3N Rng: 66W Meridian: 6  
Latitude: 40.223520 Longitude: -104.774710

Footage at Surface: 2100 FNL/FSL FSL 475 FEL/FWL FEL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4888 13. County: WELD

14. GPS Data:

Date of Measurement: 02/19/2009 PDOP Reading: 6.0 Instrument Operator's Name: DANIEL J. CORRIELL

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 \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

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: 315

18. Distance to nearest property line: 475 19. Distance to nearest well permitted/completed in the same formation: 790

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/CODELL	NB-CD	407-87	80	N2SE

21. Mineral Ownership:  Fee  State  Federal  Indian Lease #: 72/3201-S

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):  
SECTION 16-T3N-66W:ALL

25. Distance to Nearest Mineral Lease Line: 475 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 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	900	630	900	0
1ST	7+7/8	4+1/2	11.6	7,515	200	7,515	

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

33. Comments NO CONDUCTOR CASING WILL BE USED. TWINNING PROPOSED COLAND STATE 33-15

34. Location ID: 306580

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: CHERYL LIGHT

Title: SR REGULATORY ANALYST Date: 7/20/2009 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. Noshin Director of COGCC Date: 9/28/2009

**API NUMBER**  
05 123 30621 00

Permit Number: \_\_\_\_\_ Expiration Date: 9/27/2010

**CONDITIONS OF APPROVAL, IF ANY:** \_\_\_\_\_

**Condition of Approval**

Comment

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.

**Attachment Check List**

Att Doc Num	Name	Doc Description
1757707	APD ORIG & 1 COPY	LF@2104835 1757707
1757708	WELL LOCATION PLAT	LF@2104837 1757708
1757709	TOPO MAP	LF@2104839 1757709
1757710	LOCATION DRAWING	LF@2105050 1757710
1757711	LOCATION DRAWING	LF@2104841 1757711
1757712	30 DAY NOTICE LETTER	LF@2104843 1757712
1769120	SURFACE CASING CHECK	LF@2123272 1769120

Total Attach: 7 Files