

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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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:
1757682
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: 32-16

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

9. Proposed Total Measured Depth: 8086

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 16 Twp: 3N Rng: 66W Meridian: 6
Latitude: 40.226860 Longitude: -104.790080

Footage at Surface: 1900 FNL/FSL FNL 499 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4900 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 2530 FSL 75 FWL FWL Bottom Hole: FNL/FSL 2530 FSL 75 FWL FWL
Sec: 16 Twp: 3N Rng: 66W Sec: 16 Twp: 3N Rng: 66W

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: 499

18. Distance to nearest property line: 499 19. Distance to nearest well permitted/completed in the same formation: 889

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		160	GWA
NIOBRARA/CODELL	NB-CD	407-87	160	GWA

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: 75 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	8,086	200	8,086	

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

33. Comments NO CONDUCTOR CASING WILL BE USED. TWINNING PROPOSED COLAND STATE WELLS 41-17, 5-16, 12-16.

34. Location ID: _____

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

Permit Number: _____ Expiration Date: 9/27/2010

API NUMBER

05 123 30626 00

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. 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.

Attachment Check List

Att Doc Num	Name	Doc Description
1757682	APD ORIG & 1 COPY	LF@2104797 1757682
1757683	WELL LOCATION PLAT	LF@2104799 1757683
1757684	TOPO MAP	LF@2104801 1757684
1757685	LOCATION DRAWING	LF@2105056 1757685
1757686	MULTI-WELL PLAN	LF@2104803 1757686
1757687	30 DAY NOTICE LETTER	LF@2104805 1757687
1757688	DEVIATED DRILLING PLAN	LF@2104807 1757688
1757689	PROPOSED SPACING UNIT	LF@2104809 1757689
1769122	SURFACE CASING CHECK	LF@2123273 1769122

Total Attach: 9 Files