

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:

1757767

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: NELSON Well Number: 28-35

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

9. Proposed Total Measured Depth: 8066

WELL LOCATION INFORMATION

10. QtrQtr: SEW Sec: 35 Twp: 2N Rng: 68W Meridian: 6

Latitude: 40.098060 Longitude: -104.974300

Footage at Surface: 1535 FNL/FSL FNL 1563 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4959 13. County: WELD

14. GPS Data:

Date of Measurement: 04/08/2009 PDOP Reading: 6.0 Instrument Operator's Name: CHRIS PEARSON

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

Footage at Top of Prod Zone: FNL/FSL 245 FNL 2600 FWL 245 FNL 2600 FWL
Bottom Hole: FNL/FSL 245 FNL 2600 FWL
Sec: 35 Twp: 2N Rng: 68W Sec: 35 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: 1553

18. Distance to nearest property line: 1553 19. Distance to nearest well permitted/completed in the same formation: 800

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	160	GWA

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):
T2N-R68W-35: ALL

25. Distance to Nearest Mineral Lease Line: 245 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	850	595	850	0
1ST	7+7/8	4+1/2	11.6	8,066	200	8,066	

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

33. Comments NO CONDUCTOR CASING WILL BE USED. TWINNING PROPOSED NELSON 3-35, 6-35

34. Location ID: 327855

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. Nashin Director of COGCC Date: 9/30/2009

API NUMBER
05 123 30646 00

Permit Number: _____ Expiration Date: 9/29/2010

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 and from 200' below Shannon to 200' above Sussex. 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
1757767	APD ORIG & 1 COPY	LF@2104949 1757767
1757768	WELL LOCATION PLAT	LF@2104951 1757768
1757769	TOPO MAP	LF@2104953 1757769
1757770	LOCATION DRAWING	LF@2105026 1757770
1757771	MULTI-WELL PLAN	LF@2104955 1757771
1757772	30 DAY NOTICE LETTER	LF@2104957 1757772
1757773	DEVIATED DRILLING PLAN	LF@2104959 1757773
1757774	PROPOSED SPACING UNIT	LF@2104961 1757774

Total Attach: 8 Files