

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

Refilling
Sidetrack

Document Number:
1799561
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)929-6000 Fax: (720)929-7461
Email: _____

7. Well Name: BOOTH Well Number: 7-1A

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

9. Proposed Total Measured Depth: 8214

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 1 Twp: 2N Rng: 68W Meridian: 6
Latitude: 40.171362 Longitude: -104.944737

Footage at Surface: 1477 FNL/FSL FNL 812 FEL/FWL FEL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4825 13. County: WELD

14. GPS Data:

Date of Measurement: 03/15/2006 PDOP Reading: 2.2 Instrument Operator's Name: CHRIS FISHER

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

Footage at Top of Prod Zone: FNL/FSL 2112 FNL 1915 FEL 2107 FNL 2100 FEL
Sec: 1 Twp: 2N Rng: 68W Sec: 1 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: 850

18. Distance to nearest property line: 155 19. Distance to nearest well permitted/completed in the same formation: 518

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	NE/4

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#: 20010125

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):
SEE ATTACHED LEASE

25. Distance to Nearest Mineral Lease Line: 460 26. Total Acres in Lease: 225

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	661	585	661	10
1ST	7+7/8	4+1/2	11.6	8,174	225	8,174	6,980

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

33. Comments _____

34. Location ID: 330759

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: CHERY.LIGHT

Title: SR REG ANALYST Date: 8/3/2009 Email: CHERY.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: 9/30/2009

API NUMBER
05 123 19574 00

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

CONDITIONS OF APPROVAL, IF ANY: _____

Condition of Approval

Comment

Agency

1) Provide cement bond log to verify isolation of Shannon. 2) If this work has not been performed, then provide remedial cement coverage from 200' below Shannon to 200' above Shannon (minimum coverage 4450' to 4850'). Verify remedial coverage with cement bond log.

Attachment Check List

Att Doc Num	Name	Doc Description
1691852	30 DAY NOTICE LETTER	LF@2145993 1691852
1799561	APD ORIG & 1 COPY	LF@2145992 1799561

Total Attach: 2 Files