

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:

400007989

Plugging Bond Surety

20040071

3. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION 4. COGCC Operator Number: 100795. Address: 1625 17TH ST STE 300City: DENVER State: CO Zip: 802026. Contact Name: Hannah Knopping Phone: (303)357-6412 Fax: (303)357-7315Email: hknopping@anteroresources.com7. Well Name: Dixon Federal Well Number: B5

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

9. Proposed Total Measured Depth: 8510

## WELL LOCATION INFORMATION

10. QtrQtr: NWSW Sec: 15 Twp: 6S Rng: 92W Meridian: 6Latitude: 39.524104 Longitude: -107.659695Footage at Surface: 1576 FNL/FSL FSL 782 FEL/FWL FWL11. Field Name: Mamm Creek Field Number: 5250012. Ground Elevation: 5513 13. County: GARFIELD

## 14. GPS Data:

Date of Measurement: 11/15/2006 PDOP Reading: 1.4 Instrument Operator's Name: Scott E. Aibner15. 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 \_\_\_\_\_

2018 FSL 1561 FWL 2018 FSL 1561 FWLSec: 15 Twp: 6S Rng: 92W Sec: 15 Twp: 6S Rng: 92W16. Is location in a high density area? (Rule 603b)?  Yes  No17. Distance to the nearest building, public road, above ground utility or railroad: 44518. Distance to nearest property line: 206 19. Distance to nearest well permitted/completed in the same formation: 602

## 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.)
Iles	ILES	191-25	320	S/2
Williams Fork	WMFK	191-24	320	S/2

21. Mineral Ownership:  Fee  State  Federal  Indian Lease #: COC-65762

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):  
 "Plat 4" -NE/4SW/4 Sec 15 T6S R92W (previously submitted)

25. Distance to Nearest Mineral Lease Line: 242 26. Total Acres in Lease: 40

**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: Closed loop Garf. Cty Lndfl

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
CONDUCTOR	24	16	55#	50	148	50	0
1ST	12+1/4	8+5/8	24#	900	381	900	0
2ND	7+7/8	5+1/2	17#	8,510	817	8,510	3,935

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

33. Comments I certify that all conditions in the original permit are the same. No changes to land use, well construction, or lease. Pad is built. No expansion or additional disturbance will occur. Closed loop system will be used.

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: Hannah Knopping

Title: Permit Representative Date: \_\_\_\_\_ Email: hknopping@anteroresources.co

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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

<b>API NUMBER</b> 05 045 14370 00	Permit Number: _____ Expiration Date: _____
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**CONDITIONS OF APPROVAL, IF ANY:** \_\_\_\_\_

### **Attachment Check List**

Att Doc Num	Name	Doc Description
400008655	WAIVERS	Dixon B pad 305-306 signed waiver letter (6-23-09).pdf
400008656	30 DAY NOTICE LETTER	Dixon B pad 305-306 waiver letter & intro Refile sent 6-5-2009.pdf

Total Attach: 2 Files