

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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Document Number:

400008666

Plugging Bond Surety

20040071

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

3. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION 4. COGCC Operator Number: 10079

5. Address: 1625 17TH ST STE 300

City: DENVER State: CO Zip: 80202

6. Contact Name: Hannah Knopping Phone: (303)357-6412 Fax: (303)357-7315

Email: hknopping@anteroresources.com

7. Well Name: Dixon Federal Well Number: B3

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

9. Proposed Total Measured Depth: 8534

WELL LOCATION INFORMATION

10. QtrQtr: NWSW Sec: 15 Twp: 6S Rng: 92W Meridian: 6

Latitude: 39.524139 Longitude: -107.659884

Footage at Surface: 1589 FNL/FSL FSL 728 FEL/FWL FWL

11. Field Name: Mamm Creek Field Number: 52500

12. 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. Aibner

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

Footage at Top of Prod Zone: FNL/FSL 2389 FSL 560 FWL FWL Bottom Hole: FNL/FSL 2389 FSL 560 FWL FWL

Sec: 15 Twp: 6S Rng: 92W Sec: 15 Twp: 6S Rng: 92W

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: 400

18. Distance to nearest property line: 219 19. Distance to nearest well permitted/completed in the same formation: 612

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 #: _____

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-NW/4SW/4 Sec 15 T6S R92W (previously submitted)

25. Distance to Nearest Mineral Lease Line: _____ 212 _____ 26. Total Acres in Lease: _____ 34 _____

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:GarCty landfill

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#	8,534	817	8,534	3,959

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

33. Comments I certify that conditions in previous permit same except slight SHL change & updated distances. No changes to land use, well construction or lease. Pad is built. No expansion or addl 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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05 045 13817 00

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num	Name	Doc Description
400008667	WELL LOCATION PLAT	Dixon B3 Plat Sheet 1.pdf
400008668	30 DAY NOTICE LETTER	Dixon B pad 305-306 waiver letter & intro Refile sent 6-5-2009.pdf
400008669	WAIVERS	Dixon B pad 305-306 signed waiver letter (6-23-09).pdf

Total Attach: 3 Files