

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:

400007737

Plugging Bond Surety

20040071

3. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION4. COGCC Operator Number: 100795. Address: 1625 17TH ST STE 300City: DENVER State: CO Zip: 802026. Contact Name: Ashlie Mihalcin Phone: (303)357-7323 Fax: (303)357-7315Email: amihalcin@anteroresources.com7. Well Name: Hoffmeister Well Number: A13

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

9. Proposed Total Measured Depth: 9237

## WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 12 Twp: 6S Rng: 93W Meridian: 6Latitude: 39.547290 Longitude: -107.721670
 Footage at Surface: 323 FNL 1815 FEL  
FNL/FSL FEL/FWL
11. Field Name: Mamm Creek Field Number: 5250012. Ground Elevation: 5411 13. County: GARFIELD

## 14. GPS Data:

Date of Measurement: 12/15/2005 PDOP Reading: 1.4 Instrument Operator's Name: Samuel D. Phelps15. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: 1038 FNL 2496 FEL 1038 FNL 2496 FEL  
FNL/FSL FEL/FWL FNL/FSL FEL/FWL  
 Sec: 12 Twp: 6S Rng: 93W Sec: 12 Twp: 6S Rng: 93W
16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 50618. Distance to nearest property line: 323 19. Distance to nearest well permitted/completed in the same formation: 439

## 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	191-58	154	Metes and Bounds
Williams Fork	WMFK	191-58	154	Metes and Bounds

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):  
See "Plat 6"- NW/4NE/4 NE/4NW/4 Sec 12 T6S R93W

25. Distance to Nearest Mineral Lease Line: \_\_\_\_\_ 226 \_\_\_\_\_ 26. Total Acres in Lease: \_\_\_\_\_ 38 \_\_\_\_\_

### 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/Grfld 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+0/0	16	55#	50	148	50	0
SURF	12+1/4	8+5/8	24#	1,000	416	1,000	0
3RD	7+7/8	5+1/2	17#	9,237	759	9,237	4,962

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 except updated distances and spacing orders. There have been no changes to land use, well construction, or the lease. This 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: Ashlie Mihalcin

Title: Permit Representative Date: \_\_\_\_\_ Email: amihalcin@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 16190 00

**CONDITIONS OF APPROVAL, IF ANY:****Attachment Check List**

Att Doc Num	Name	Doc Description
400009139	30 DAY NOTICE LETTER	Hoffmeister A 305-306 waiver sent 6-19-09.pdf
400009140	WAIVERS	Hoffmeister 305-306 waiver letter signed 6-24-09.pdf

Total Attach: 2 Files