

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:

400009494

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: Hannah Knopping Phone: (303)357-6412 Fax: (303)357-7315Email: hknopping@anteroresources.com7. Well Name: Dixon Well Number: A4

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

9. Proposed Total Measured Depth: 9161

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 18 Twp: 6S Rng: 92W Meridian: 6Latitude: 39.529607 Longitude: -107.705927
 Footage at Surface: 1525 FNL/FSL FNL 1672 FEL/FWL FEL
11. Field Name: Mamm Creek Field Number: 5250012. Ground Elevation: 5534 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 05/17/2007 PDOP Reading: 1.2 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 1396 FNL 546 FWL 1396 FNL 546 FWL
 Bottom Hole: FNL/FSL 1396 FNL 546 FWL
 Sec: 18 Twp: 6S Rng: 92W Sec: 18 Twp: 6S Rng: 92W
16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 58518. Distance to nearest property line: 211 19. Distance to nearest well permitted/completed in the same formation: 400

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	191-40	223	N/2
Williams Fork	WMFK	191-40	223	N/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):
See "Plat 4" -Sec 18, T6S, R92W- W/2NW/4, W/2SW/4, W/2NE/4NW/4, W/2SE/4NW/4, W/2NE/4SW/4, W/2SE/4SW/4

25. Distance to Nearest Mineral Lease Line: _____ 93 _____ 26. Total Acres in Lease: _____ 138 _____

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	16	55#	50	148	50	0
1ST	12+1/4	8+5/8	24#	1,500	381	1,500	0
2ND	7+7/8	5+1/2	17#	9,161	763	9,161	4,866

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

33. Comments I certify that all conditions in the previous permit are the same. There have been no changes to land use, well construction or the lease. This pad is built. No expansion/addtl 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 14887 00

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

Att Doc Num	Name	Doc Description
400010134	30 DAY NOTICE LETTER	Dixon A 305-306 waiver - signed 12-08 (Szczelina).pdf

Total Attach: 1 Files