

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400009511

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 Well Number: A12

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

9. Proposed Total Measured Depth: 8916

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 18 Twp: 6S Rng: 92W Meridian: 6

Latitude: 39.529609 Longitude: -107.705749

Footage at Surface: 1525 FNL 1622 FEL

11. Field Name: Mamm Creek Field Number: 52500

12. 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. Aibner

15. 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
2458 FNL 1321 FWL 2458 FNL 1321 FWL
Sec: 18 Twp: 6S Rng: 92W Sec: 18 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: 556

18. Distance to nearest property line: 215 19. Distance to nearest well permitted/completed in the same formation: 596

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: _____ 300 _____ 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#	8,916	812	8,916	4,366

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

33. Comments I certify that all conditions in previous 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: _____

API NUMBER 05 045 14903 00	Permit Number: _____ Expiration Date: _____
--------------------------------------	---

CONDITIONS OF APPROVAL, IF ANY: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400010201	30 DAY NOTICE LETTER	Dixon A 305-306 waiver - signed 12-08 (Szczelina).pdf

Total Attach: 1 Files