

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:

1808636

Plugging Bond Surety

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: NEWFIELD PRODUCTION COMPANY 4. COGCC Operator Number: 10240

5. Address: 1401 17TH ST STE 1000
City: DENVER State: CO Zip: 80202

6. Contact Name: ERIC SUNDBERG Phone: (303)382-4470 Fax: ()
Email: ESUNDBERG@NEWFIELD.COM

7. Well Name: MOSHER Well Number: 1-1H

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

9. Proposed Total Measured Depth: 9843

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 1 Twp: 13S Rng: 54W Meridian: 6

Latitude: 38.939372 Longitude: -103.388335

Footage at Surface: 647 FSL 650 FEL

11. Field Name: WILDCAT Field Number: _____

12. Ground Elevation: 4864.6 13. County: LINCOLN

14. GPS Data:

Date of Measurement: 10/02/2009 PDOP Reading: 2.3 Instrument Operator's Name: GNA

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

Footage at Top of Prod Zone: FNL/FSL 649 FEL/FWL 1062 Bottom Hole: FNL/FSL 660 FEL/FWL 658

Sec: 1 Twp: 13S Rng: 54W Sec: 1 Twp: 1S Rng: 54W

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: _____

18. Distance to nearest property line: 647 19. Distance to nearest well permitted/completed in the same formation: 1

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.)
CHEROKEE B	CHRK	318	320	S2

21. Mineral Ownership: Fee State Federal Indian Lease #: FEE

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: 20070095

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):
SECTION 1: T13N-R54W

25. Distance to Nearest Mineral Lease Line: 658 26. Total Acres in Lease: 640

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: RESERVE PIT

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
SURF	17+1/2	13+3/8	54.5	400	309	400	0
1ST	8+3/4	7	23	6,363	463	6,363	0
1ST LINER	6+1/2	4+1/2	11.6	9,843			

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

33. Comments _____

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: ERIC SUNDBERG

Title: REGULATORY Date: _____ Email: ESUNDBERG@NEWFIELD.C

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	Permit Number: _____	Expiration Date: _____
05	CONDITIONS OF APPROVAL, IF ANY:	

Attachment Check List

Att Doc Num	Name	Doc Description
1808635	WELL LOCATION PLAT	LF@2165200 1808635
1808636	APD ORIGINAL	LF@2165198 1808636
1808637	DRILLING PLAN	LF@2165208 1808637
1808638	DEVIATED DRILLING PLAN	LF@2165206 1808638
1808640	30 DAY NOTICE LETTER	LF@2165202 1808640
1808650	ACCESS ROAD MAP	LF@2165204 1808650

Total Attach: 6 Files