

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:

1790717

Plugging Bond Surety

20040060

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: BARRETT CORPORATION* BILL 4. COGCC Operator Number: 10071

5. Address: 1099 18TH ST STE 2300
City: DENVER State: CO Zip: 80202

6. Contact Name: MATT BARBER Phone: (303)312-8168 Fax: (303)291-0420
Email: MBARBER@BILLBARRETTCORP.COM

7. Well Name: JOLLEY FED Well Number: 12C-20-691

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

9. Proposed Total Measured Depth: 7780

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 20 Twp: 6S Rng: 91W Meridian: 6

Latitude: 39.517422 Longitude: -107.582859

Footage at Surface: 1109 FNL 1357 FWL

11. Field Name: MAMM CREEK Field Number: 52500

12. Ground Elevation: 6321 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 08/27/2009 PDOP Reading: 1.2 Instrument Operator's Name: D. SLAUGH

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

Footage at Top of Prod Zone: 1837 FNL 664 FWL Bottom Hole: 1837 FNL 664 FWL
Sec: _____ Twp: _____ Rng: _____ Sec: 20 Twp: 6S Rng: 91W

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: 1985 ft

18. Distance to nearest property line: 26 ft 19. Distance to nearest well permitted/completed in the same formation: 326 ft

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	191-10	320	N2
WILLIAMS FORK	WMFK	191-8	320	N2

21. Mineral Ownership: Fee State Federal Indian Lease #: COC-50126

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):
 LOTS 1,2,3,4 NE4, E2NW, NESW, N2 SEC. 19; SWNE NWNW, S2NW, N2SW, SESW, W2SE SEC.20; W2NW SEC.21

25. Distance to Nearest Mineral Lease Line: 850 ft 26. Total Acres in Lease: 921

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: EVAPORATION & BACKFIL

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	26	16	42	40		40	0
SURF	12+1/4	9+5/8	36	800	250	800	0
1ST	8+3/4	4+1/2	11.6	7,780	620	7,780	500

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

33. Comments **THERE ARE NO VISIBLE IMPROVEMENTS WITHIN 400' OF THIS LOCATION. THIS IS LOCATED WITHIN AN AREA COVERED BY COMMUNITIZATION AGREEMENT # COC 070803. RULE 305/306 CONSULTATIONS WAIVED, SEE MEMORANDUM OF SUA. JOLLEY FED (MDP 12) LOCATION ASSESSMENT FORM 2A SUBMITTED TO COGCC ON 9/15/09.**

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: MATT BARBER

Title: PERMIT ANALYST Date: 10/6/2009 Email: MBARBER@BILLBARRETTCO

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

CONDITIONS OF APPROVAL, IF ANY:

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
1790717	APD ORIG & 1 COPY	LF@2157360 1790717
1790718	WELL LOCATION PLAT	LF@2157361 1790718
1790719	MULTI-WELL PLAN	LF@2157362 1790719
1790720	ACCESS ROAD MAP	LF@2157318 1790720
1790721	MINERAL LEASE MAP	LF@2157363 1790721
1790722	SURFACE AGRMT/SURETY	LF@2157364 1790722
1790723	DEVIATED DRILLING PLAN	LF@2157365 1790723
1940922	FED. DRILLING PERMIT	LF@2157366 1940922
400017120	SURFACE AGRMT/SURETY	Jolley Federal Pad - Sec 20 T6S-R91W Revised SUA.pdf

Total Attach: 9 Files