

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

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:

1790710

Plugging Bond Surety

20040060

3. Name of Operator: BARRETT CORPORATION* BILL 4. COGCC Operator Number: 100715. Address: 1099 18TH ST STE 2300City: DENVER State: CO Zip: 802026. Contact Name: MATT BARBER Phone: (303)312-8166 Fax: (303)291-0420Email: MBARBER@BILLBARRETTCORP.COM7. Well Name: JOLLEY Well Number: 21A-20-691

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

9. Proposed Total Measured Depth: 7586

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 20 Twp: 6S Rng: 91W Meridian: 6Latitude: 39.517450 Longitude: -107.582519Footage at Surface: 1101 FNL/FSL FNL 1453 FEL/FWL FWL11. Field Name: MAMM CREEK Field Number: 5250012. Ground Elevation: 6320.3 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 08/27/2009 PDOP Reading: 2.0 Instrument Operator's Name: D. SLAUGH15. 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

1184 FNL 1990 FEL 1184 FNL 1990 FWLSec: 20 Twp: 6S Rng: 91W Sec: 20 Twp: 6S Rng: 91W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 1895 ft18. Distance to nearest property line: 122 ft 19. Distance to nearest well permitted/completed in the same formation: 280 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	N/2
WILLIAMS FORK	WMFK	191-8	320	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):
 N/2NE.4, SE/4NE/4, NE/4NW/4, E/2SE/4, SEC: 20;W/2W/2/SW/4, SEC 21,T6S,R91W

25. Distance to Nearest Mineral Lease Line: 130 ft 26. Total Acres in Lease: 280

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+1	16	42	40		40	
SURF	12+1/4	9+5/8	36	800	250	800	
1ST	8+3/4	4+1/2	11.6	7,586	620	7,586	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 CONSULTATION WAIVED, SEE MEMORANDUM OF SUA. JOLLEY FED (MDP12) LOCATION ASSESSMENT FORM 2A SUBMITTED TO COGCC ON 9/15/2009**

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
1790710	APD ORIG & 1 COPY	LF@2157354 1790710
1790711	WELL LOCATION PLAT	LF@2157355 1790711
1790712	ACCESS ROAD MAP	LF@2157317 1790712
1790713	MULTI-WELL PLAN	LF@2157356 1790713
1790714	MINERAL LEASE MAP	LF@2157357 1790714
1790715	SURFACE AGRMT/SURETY	LF@2157358 1790715
1790716	DEVIATED DRILLING PLAN	LF@2157359 1790716
400017121	SURFACE AGRMT/SURETY	Jolley Federal Pad - Sec 20 T6S-R91W Revised SUA.pdf

Total Attach: 8 Files