

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:

2079527

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

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

6. Contact Name: TRACEY FALLANG Phone: (303)312-8134 Fax: (303)291-0420
 Email: TFALLANG@BILLBARRETTCORP.COM

7. Well Name: KOSKIE Well Number: 16H-28-38-16

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

9. Proposed Total Measured Depth: 9298

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 28 Twp: 38N Rng: 16W Meridian: N

Latitude: 37.518550 Longitude: -108.612058

Footage at Surface: 1034 FNL/FSL FSL 205 FEL/FWL FEL

11. Field Name: PEDRO Field Number: 68258

12. Ground Elevation: 6915 13. County: MONTEZUMA

14. GPS Data:

Date of Measurement: 07/22/2008 PDOP Reading: 1.8 Instrument Operator's Name: MCCOY

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

Footage at Top of Prod Zone: FNL/FSL 1539 FSL 460 FEL/FWL 460 FNL 660 FEL
 Sec: _____ Twp: _____ Rng: _____ Sec: 28 Twp: 38N Rng: 16W

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: 573 ft

18. Distance to nearest property line: 282 ft 19. Distance to nearest well permitted/completed in the same formation: 1200 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.)
GOTHIC SHALE	GOSH	533-1	1280	SEC. 28&33

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):
SPACING UNIT # 12. DESCRIPTION: SEC. 28 (ALL), SEC.33 (ALL), T 38N- R 16W

25. Distance to Nearest Mineral Lease Line: 460 ft 26. Total Acres in Lease: 1280

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+1/1	16	65	40		40	0
SURF	12+1/4	9+5/8	36	2,000	690	2,000	0
1ST	8+3/4	7	26	6,012	800	6,012	0
2ND	6+1/8	4+1/2	11.6/15.1	9,298			

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

33. Comments THE CURRENT PERMIT FOR THIS WELL EXPIRES 12/10/09. THIS LOCATION HAS NOT BEEN BUILT; HOWEVER, THE PAD HAS BEEN RESURVEYED TO ACCOMODATE A LARGER PAD. RULE 305/306 CONSULTATIONS WAIVED, SEE ATTACHED. SEE ATTACHED SUNDRY FOR CASING/CMTNG OPTIONS.

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: TRACEY FALLANG

Title: REG ANALYST Date: _____ Email: TFALLANG@BILLBARRETTCC

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

05 083 06656 00

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
2079527	APD ORIGINAL	LF@2186366 2079527
2079528	WELL LOCATION PLAT	LF@2186367 2079528
2079529	TOPO MAP	LF@2186368 2079529
2079530	30 DAY NOTICE LETTER	LF@2186369 2079530
2079531	DEVIATED DRILLING PLAN	LF@2186370 2079531

Total Attach: 5 Files