

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:

400027432

Plugging Bond Surety

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: Tracey Fallang Phone: (303)312-8134 Fax: (303)291-0420Email: tfallang@billbarrettcorp.com7. Well Name: McAfee Well Number: 3H-19-38-16

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

9. Proposed Total Measured Depth: 10010

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 19 Twp: 38N Rng: 16W Meridian: NLatitude: 37.543490 Longitude: -108.658450Footage at Surface: 400 FNL/FSL 1980 FEL/FWL FNL FWL11. Field Name: Wildcat Field Number: 9999912. Ground Elevation: 7079 13. County: MONTEZUMA

14. GPS Data:

Date of Measurement: 11/04/2008 PDOP Reading: 3.3 Instrument Operator's Name: Gerald (Andersen Engineering)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 _____

864 FNL 1980 FWL 460 FSL 1980 FWLSec: 19 Twp: 38N Rng: 16W Sec: 19 Twp: 38N Rng: 16W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 380 ft18. Distance to nearest property line: 400 ft 19. Distance to nearest well permitted/completed in the same formation: 2508 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	GOSH	533-1	1280	Sec. 18 and 19

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 No. #9: Section 18: Lots 1 (37.21), 2 (37.47), 3 (37.73), and 4 (37.99), E½ W½ and E½ and Section 19: Lots 1 (38.18), 2 (38.31), 3 (38.44), and 4 (38.57), E½ W½ and E½

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 and Backfilling

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	65#	40		40	0
SURF	12+1/4	9+5/8	36#	2,000	690	2,000	0
1ST	8+3/4	7	23 or 26#	5,990	800	5,990	0
2ND	6+1/8	4+1/2	11.6/15.1	10,010			

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

33. Comments The current permit for this well expires 2/12/2010. Rule 305/306 consultations were waived (see attached surface damage agreement). BBC has also attached a previously approved sundry allowing for casing and cementing options for this well. These options are still necessary.

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: Regulatory Analyst Date: _____ Email: tfallang@billbarrettcorp.com

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 06663 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
400027435	WELL LOCATION PLAT	well loc plat.pdf
400027436	TOPO MAP	topo map.pdf
400027437	SURFACE AGRMT/SURETY	sda.pdf
400027776	OTHER	sundry apprvl.pdf
400027777	DEVIATED DRILLING PLAN	dir surveys.pdf

Total Attach: 5 Files