

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:

400027360

Plugging Bond Surety

20040105

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: BERRY PETROLEUM COMPANY

4. COGCC Operator Number: 10091

5. Address: 1999 BROADWAY STE 3700

City: DENVER State: CO Zip: 80202

6. Contact Name: JANNI KEIDEL Phone: (303)999-4225 Fax: (303)999-4325

Email: jek@bry.com

7. Well Name: BERRY Well Number: 11-4D

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

9. Proposed Total Measured Depth: 9347

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 11 Twp: 6S Rng: 97W Meridian: 6

Latitude: 39.534592 Longitude: -108.180544

Footage at Surface: 1591 FNL/FSL FSL 697 FEL/FWL FEL

11. Field Name: GRAND VALLEY Field Number: 31290

12. Ground Elevation: 8140 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 05/30/2007 PDOP Reading: 3.0 Instrument Operator's Name: LAUREN VANCE

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

Footage at Top of Prod Zone: FNL/FSL 1210 FSL 780 FEL 780 FEL 780 FEL 780
Bottom Hole: FNL/FSL 1210 FSL 780 FEL 780 FEL 780
Sec: 11 Twp: 6S Rng: 97W Sec: 11 Twp: 6S Rng: 97W

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: 15910 ft

18. Distance to nearest property line: 656 ft 19. Distance to nearest well permitted/completed in the same formation: 302 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.)
Williams Fork	WMFK	510-18	320	S/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#: 20040106

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 Bond ☐ \$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):
PLEASE SEE LEASE MAP ATTACHED TO ORIGINAL APD (LEASE #3). BERRY PETROLEUM OWNS SURFACE.

25. Distance to Nearest Mineral Lease Line: 780 ft 26. Total Acres in Lease: 5165

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: _____

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	30	20	55	90	100	90	0
SURF	16	9+5/8	36	2,000	1,000	2,000	0
3RD	8+3/4	4+1/2	11.6	9,347	600	9,347	200

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

33. Comments I certify there has been no changes in land use, lease description. Pad has been built. No rig on site. Berry owns surface. COGCC Facility ID# 355886 I certify that there has been no changes on land use, lease description. The pad has been built. The pits have been constructed. Wells have been drilled. No rig on site. The refile will not require any expansion / additional surface disturbance of the pad. The location does not require a variance from any of the rules listed in Rule 306.d.(1).(A).(ii). The location is not in a wildlife restricted surface occupancy area. It is in a sensitive wildlife habitat area for Greater Sage Grouse Production.

34. Location ID: 335886

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: JANNI KEIDEL

Title: PERMITTING AGENT Date: 1/12/2010 Email: jek@bry.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: David S. Nesline Director of COGCC Date: 3/5/2010

Permit Number: _____ Expiration Date: 3/4/2011

API NUMBER

05 045 14640 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.

1)24 HOUR SPUD NOTICE REQUIRED. E-MAIL: Shaun.Kellerby@state.co.us 2)GARFIELD COUNTY RULISON FIELD NOTICE TO OPERATORS. NOTE: ALL NOTICES SHALL BE GIVEN VIA E-MAIL. SEE ATTACHED NOTICE 3)CEMENT TOP VERIFICATION BY CBL REQUIRED. 4)COMPLY WITH ALL PROVISIONS OF THE JUNE 12, 2008 NOTICE TO OPERATORS DRILLING WELLS WITHIN 3/4 MILE OF THE RIM OF THE ROAN PLATEAU IN GARFIELD COUNTY - PIT DESIGN, CONSTRUCTION AND MONITORING REQUIREMENTS. SEE ATTACHED NOTICE. 5)THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1 MILE IS 000 FEET DEEP.

Attachment Check List

Att Doc Num	Name	Doc Description
400027403	APD ORIG & 1 COPY	LF@2216493 400027403
400027959	FORM 2 SUBMITTED	LF@2216494 400027959

Total Attach: 2 Files