

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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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:

400048455

Plugging Bond Surety

20040060

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: KAUFMAN Well Number: 13B-25-692

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

9. Proposed Total Measured Depth: 7416

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 25 Twp: 6S Rng: 91W Meridian: 6

Latitude: 39.496984 Longitude: -107.619111

Footage at Surface: 2139 FNL/FSL FSL 1579 FEL/FWL FWL

11. Field Name: MAMM CREEK Field Number: 52500

12. Ground Elevation: 2922 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 03/05/2010 PDOP Reading: 6.0 Instrument Operator's Name: JIM KALMON

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

Footage at Top of Prod Zone: FNL/FSL 1770 FSL 644 FWL FWL Bottom Hole: FNL/FSL 1770 FSL 644 FWL FWL
Sec: 25 Twp: 6S Rng: 92W Sec: 25 Twp: 6S Rng: 92W

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: 2183 ft

18. Distance to nearest property line: 259 ft 19. Distance to nearest well permitted/completed in the same formation: 342 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	640	ALL
WILLIAMS FORK	WMFK	191-8	640	ALL

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 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):
SEE ATTACHED MAP.

25. Distance to Nearest Mineral Lease Line: 462 ft 26. Total Acres in Lease: 2

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: EVAPORATING AND BACK

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	760	240	760	0
1ST	7+7/8	4+1/2	11.6	7,416	520	7,416	

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

33. Comments THIS PROPOSED WELL IS LOCATED AT AN EXISTING LOCATION APPROVED UNDER THE COGCC INTERIM RULES. NO NEW DISTURBANCE WILL OCCUR OUTSIDE THE EXISTING LOCATION BOUNDARY (SEE ATTACHED AS-BUILT LOCATION PLAT). SEE ADDENDUM FOR VISIBLE IMPROVEMENTS WITHIN 400' OF THIS LOCATION.

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: 3/19/2010 Email: MBARBER@BILLBARRETT.CO

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: _____

API NUMBER

05

Permit Number: _____ Expiration Date: _____

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
400048590	WELL LOCATION PLAT	LF@2441289 400048590
400048591	LEASE MAP	LF@2441290 400048591
400048592	ACCESS ROAD MAP	LF@2441291 400048592
400048593	LOCATION DRAWING	LF@2441292 400048593
400048594	LOCATION PICTURES	LF@2441293 400048594
400048596	SURFACE AGRMT/SURETY	LF@2441294 400048596

Total Attach: 6 Files