

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:
400053480
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: Tracey Fallang Phone: (303)312-8134 Fax: (303)291-0420
Email: tfallang@billbarrettcorp.com

7. Well Name: Gray Well Number: 14N-15-37-17

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

9. Proposed Total Measured Depth: 9808

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 15 Twp: 37N Rng: 17W Meridian: N
Latitude: 37.457370 Longitude: -108.712390

Footage at Surface: 300 FNL/FSL FSL 1980 FEL/FWL FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 6692 13. County: MONTEZUMA

14. GPS Data:

Date of Measurement: 12/02/2009 PDOP Reading: 1.7 Instrument Operator's Name: T. Barbee

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

Footage at Top of Prod Zone: FNL/FSL 777 FSL 1982 FWL 660 FEL/FWL 1980 FWL
Sec: 15 Twp: 37N Rng: 17W Sec: 15 Twp: 37N Rng: 17W

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: 290 ft

18. Distance to nearest property line: 300 ft 19. Distance to nearest well permitted/completed in the same formation: 1337 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	Statewide		

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):
 The W/2 of Sec. 15, T37N-R17W is pooled and a pooling declaration is attached. The mineral lease description and acreage number are based on the pooled area.

25. Distance to Nearest Mineral Lease Line: 660 ft 26. Total Acres in Lease: 320

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	760	2,000	0
1ST	8+3/4	7	23 or 26	5,968	800	5,968	0
2ND	6+1/8	4+1/2	11.6/15.1	9,808			

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

33. Comments Rule 305/306 consultations were waived. A sundry is also attached to this APD to request options for casing and cementing programs.

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: 4/8/2010 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: _____

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
400053697	PLAT	Plat.pdf
400053698	TOPO MAP	Topo.pdf
400053699	SURFACE AGRMT/SURETY	Amended SDA - Gray 13H&S-15-37-17 & 14N&S-15-37-17, dated 5-13-09.pdf
400053700	DEVIATED DRILLING PLAN	GRAY 14N-15-37-17 PLAN 1 PROPOSAL.pdf
400053701	OTHER	Sundry.pdf

Total Attach: 5 Files