

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:

400059876

Plugging Bond Surety

20030041

3. Name of Operator: ANADARKO E&P COMPANY LP 4. COGCC Operator Number: 28005. Address: P O BOX 1330City: HOUSTON State: TX Zip: 772516. Contact Name: Cheryl Light Phone: (720)929-6461 Fax: (720)929-7461Email: cheryl.light@anadarko.com7. Well Name: HUTCHISON Well Number: 9-67-3-16H

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

9. Proposed Total Measured Depth: 13190

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 3 Twp: 9N Rng: 67W Meridian: 6Latitude: 40.770693 Longitude: -104.869891Footage at Surface: 600 FNL/FSL FSL 600 FEL/FWL FEL11. Field Name: Wildcat Field Number: 9999912. Ground Elevation: 5525 13. County: WELD

14. GPS Data:

Date of Measurement: 04/06/2010 PDOP Reading: 1.8 Instrument Operator's Name: Chris Pearson15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 939 FSL 940 FEL/FWL 600 FNL 600 FWL 600Sec: 3 Twp: 9N Rng: 67W Sec: 3 Twp: 9N Rng: 67W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 1241 ft18. Distance to nearest property line: 600 ft 19. Distance to nearest well permitted/completed in the same formation: 5280 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.)
Niobrara	NBRR		640	Section 3

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#: 20030042

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):
 ALL, SECTION 3, TOWNSHIP 9 NORTH, RANGE 67 WEST

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 640

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
SURF	12+1/4	9+5/8	40	950	270	950	
1ST	8+3/4	7	26	7,995	610	7,995	750
2ND	6+1/8	4+1/2	11.6	13,190			

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

33. Comments No conductor casing will be used

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: Julie A Jacobson

Title: Regulatory Supervisor Date: 5/28/2010 Email: DJRegulatory@anadarko.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	Permit Number: _____	Expiration Date: _____
05	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
400059876	FORM 2 SUBMITTED	400059876.pdf
400059895	30 DAY NOTICE LETTER	NOTICE LETTER.pdf
400059898	LEGAL/LEASE DESCRIPTION	MINERAL OWNERSHIP SECTION 3.pdf
400064919	WELL LOCATION PLAT	HUTCHISON 9-67-3-16H PLAT.pdf
400064920	TOPO MAP	HUTCHISON 9-67-6-16H Topo.pdf
400065205	DEVIATED DRILLING PLAN	P_HUTCHINSON 9-67-3-16H PLAN #1 RHS.pdf

Total Attach: 6 Files