

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:
400015912
Plugging Bond Surety
20010124

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: KERR-MCGEE OIL & GAS ONSHORE LP 4. COGCC Operator Number: 47120

5. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-3779

6. Contact Name: Cheryl Light Phone: (720)929-6461 Fax: (720)929-7461
Email: Cheryl.Light@anadarko.com

7. Well Name: NORTHGLENN STATE Well Number: 41-36

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

9. Proposed Total Measured Depth: 8208

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 36 Twp: 1N Rng: 68W Meridian: 6
Latitude: 40.011680 Longitude: -104.947820

Footage at Surface: 1169 FNL/FSL FNL 1473 FEL/FWL FEL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 5103 13. County: WELD

14. GPS Data:

Date of Measurement: 09/24/2009 PDOP Reading: 2.8 Instrument Operator's Name: Chris Pearson

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

Footage at Top of Prod Zone: FNL/FSL 1330 FNL 50 FEL 1330 FNL 50 FEL
Sec: 36 Twp: 1N Rng: 68W Sec: 36 Twp: 1N Rng: 68W

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: 740 ft

18. Distance to nearest property line: 1169 ft 19. Distance to nearest well permitted/completed in the same formation: 1486 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-Codell	NB-CD	407-87	160	GWA

21. Mineral Ownership: Fee State Federal Indian Lease #: 70/8571-S

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):
 T1N-R68W, 6TH P.M., SEC. 36: ALL

25. Distance to Nearest Mineral Lease Line: 50 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	8+5/8	24	1,000	700	1,000	
1ST	7+7/8	4+1/2	11.6	8,208	200	8,208	

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

33. Comments No conductor casing will be used

34. Location ID: 331959

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: Cheryl Light

Title: Senior Regulatory Analyst Date: 11/19/2009 Email: cheryl.light@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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER
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
400016878	MULTI-WELL PLAN	NORTHGLENN 7 PAD 1N68W36.pdf
400016879	DEVIATED DRILLING PLAN	NORTHGLENN STATE 41-36 DIRECTIONAL.pdf
400016880	WELL LOCATION PLAT	NORTHGLENN STATE 41-36 PLAT.pdf
400016882	PROPOSED SPACING UNIT	NORTHGLENN STATE 41-36 SPACING MAP.pdf
400016883	TOPO MAP	NORTHGLENN STATE 41-36 TOPO.pdf
400016884	30 DAY NOTICE LETTER	NORTHGLENN STATE NOTICE LETTER.pdf
400016885	SURFACE AGRMT/SURETY	SUA.pdf
400016886	FORM 2 SUBMITTED	400016886.pdf

Total Attach: 8 Files