

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:
400068130
Plugging Bond Surety
20040060

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: BARRETT CORPORATION* BILL 4. COGCC Operator Number: 10071

5. Address: 1099 18TH ST STE 2300
City: DENVER State: CO Zip: 80202

6. Contact Name: Elaine Winick Phone: (303)312-8168 Fax: (303)291-0420
Email: ewinick@billbarrettcorp.com

7. Well Name: GGU Swanson Well Number: 32C-29-691

8. Unit Name (if appl): GIBSON GULCH Unit Number: COC
052447X

9. Proposed Total Measured Depth: 7536

WELL LOCATION INFORMATION

10. QtrQtr: NENE Sec: 29 Twp: 6S Rng: 91W Meridian: 6
Latitude: 39.502769 Longitude: -107.573241

Footage at Surface: 1227 FNL 1327 FEL

11. Field Name: Mamm Creek Field Number: 52500

12. Ground Elevation: 6104 13. County: GARFIELD

14. GPS Data:
Date of Measurement: 01/05/2010 PDOP Reading: 2.8 Instrument Operator's Name: D. Slaugh

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
Footage at Top of Prod Zone: FNL/FSL FEL/FWL Bottom Hole: FNL/FSL FEL/FWL
1800 FNL 1990 FEL 1800 FNL 1990 FEL
Sec: 29 Twp: 6S Rng: 91W Sec: 29 Twp: 6S Rng: 91W

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: 1060 ft
18. Distance to nearest property line: 90 ft 19. Distance to nearest well permitted/completed in the same formation: 327 ft

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	191-65		
Williamsfork	WMFK	191-9		

21. Mineral Ownership: Fee State Federal Indian Lease #: CO 10276

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):
6S 91W Sec 29 N/2SW, SWNE, NWSE

25. Distance to Nearest Mineral Lease Line: 484 ft 26. Total Acres in Lease: 160

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 Backfill

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#	743	240	743	0
1ST	8+3/4	4+1/2	11.6#	7,536	905	7,536	3,081

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

33. Comments _____

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: Elaine Winick

Title: Sr. Permit Analyst Date: _____ Email: ewinick@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	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
400068517	DEVIATED DRILLING PLAN	GGU Swanson 32C-29-691 Directional Plan comb.pdf
400068518	PLAT	GGU Swanson 32C-29-691 rev plat 6-8-10.pdf
400068520	OTHER	WBD GGU Swanson 32C-29-691.pdf
400068522	LEASE MAP	lease and unit maps.pdf
400068523	MULTI-WELL PLAN	multi well plan cogcc.pdf
400068526	TOPO MAP	topo A.pdf

Total Attach: 6 Files