

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:

400070865

Plugging Bond Surety

20040060

3. Name of Operator: BARRETT CORPORATION* BILL 4. COGCC Operator Number: 100715. Address: 1099 18TH ST STE 2300City: DENVER State: CO Zip: 802026. Contact Name: Elaine Winick Phone: (303)312-8168 Fax: (303)291-0420Email: ewinick@billbarrettcorp.com7. Well Name: CG-TG Land Well Number: 12D-20-692

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

9. Proposed Total Measured Depth: 8268

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 20 Twp: 6S Rng: 92W Meridian: 6Latitude: 39.517506 Longitude: -107.690176Footage at Surface: 720 FNL/FSL FNL 2555 FEL/FWL FEL11. Field Name: Mamm Creek Field Number: 5250012. Ground Elevation: 5529 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 03/24/2010 PDOP Reading: 6.0 Instrument Operator's Name: James Kalmon15. 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 _____

1401 FNL 660 FWL 1401 FNL 660 FWLSec: 20 Twp: 6S Rng: 92W Sec: 20 Twp: 6S Rng: 92W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 243 ft18. Distance to nearest property line: 225 ft 19. Distance to nearest well permitted/completed in the same formation: 324 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
Williamsfork	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 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):
See attached lease map.

25. Distance to Nearest Mineral Lease Line: 86 ft 26. Total Acres in Lease: 581

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#	830	260	830	0
1ST	8+3/4	4+1/2	11.6#	8,268	500	8,268	5,448

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

33. Comments Bill Barrett Corporation is the surface owner and rules 305 & 306 are waived.

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
400070884	DEVIATED DRILLING PLAN	CB-TG Land 12D-20-692 Directional Plan comb.pdf
400070885	PLAT	CB-TG LAND 12D-20-692 LP & ADD.pdf
400070886	TOPO MAP	topo CB-TG LAND pad.pdf
400070887	LEASE MAP	CB-TGLand_SurfaceOwnerMap_060810.pdf
400070888	MULTI-WELL PLAN	CB-TG LAND INTERFERENCE.pdf
400071243	OTHER	CB-TG Land 12D-20-692 wbd.pdf

Total Attach: 6 Files