

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:

400065595

Plugging Bond Surety

2004060

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: Daves Well Number: 3S-11-39-18

8. Unit Name (if appl): n/a Unit Number: _____

9. Proposed Total Measured Depth: 9828

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 11 Twp: 39N Rng: 18W Meridian: N

Latitude: 37.659050 Longitude: -108.804100

Footage at Surface: 638 FNL/FSL FNL 1800 FEL/FWL FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 6701 13. County: DOLORES

14. GPS Data:

Date of Measurement: 03/23/2010 PDOP Reading: 1.1 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 1115 FNL 1803 FWL FWL Bottom Hole: FNL/FSL 500 FSL 1980 FWL FWL
Sec: 11 Twp: 39N Rng: 18W Sec: 11 Twp: 39N Rng: 18W

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: 607 ft

18. Distance to nearest property line: 635 ft 19. Distance to nearest well permitted/completed in the same formation: 1250 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	389-5	1418	Sec 2 & 11

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):
Spacing unit number 5. Section 2: Lots 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 and 16, S½ Section 11: all. Total acres in lease below and distance to lease line are based on the spacing order boundary.

25. Distance to Nearest Mineral Lease Line: 500 ft 26. Total Acres in Lease: 1418

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	80		80	0
SURF	12+1/4	9+5/8	36	2,000	760	2,000	0
1ST	6+1/8	4+1/2	11.6	9,828	1,090	9,828	1,800

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: 6/4/2010 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: David S. Nesline Director of COGCC Date: 6/30/2010

API NUMBER

05 033 06169 00

Permit Number: _____ Expiration Date: 6/29/2012

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.

- 1) Conditions stated in the NOTICE TO OPERATOR dated January 29, 2010 will apply!
- 2) Provide 48 hour spud notice to COGCC field inspector Leslie Melton (970) 375-6419 or les.melton@state.co.us
- 3) If cement top drops out of eyesight following circulation on the 9 5/8" surface casing, conduct temperature survey; do so prior to re-cementing with one inch pipe; submit survey w/ completion report
- 5) It is the operator's responsibility to ensure that the well bore/perfs comply with setback requirements in Commission orders and/or rules prior to producing the well.
- 6) Run and submit Directional Survey for the directional portion of the well
- 7) Run and submit a CBL on 4 1/2" production casing.

Attachment Check List

Att Doc Num	Name	Doc Description
1857141	SELECTED ITEMS REPORT	LF@2488595 1857141
400065595	FORM 2 SUBMITTED	LF@2485785 400065595
400065745	TOPO MAP	LF@2485786 400065745
400065746	WELL LOCATION PLAT	LF@2485787 400065746
400065747	CONST. LAYOUT DRAWINGS	LF@2485788 400065747
400065749	DEVIATED DRILLING PLAN	LF@2485789 400065749
400065751	WAIVERS	LF@2485790 400065751

Total Attach: 7 Files