

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



DE	ET	OE	ES
----	----	----	----

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:

400076455

Plugging Bond Surety

20010124

3. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP 4. COGCC Operator Number: 471205. Address: P O BOX 173779City: DENVER State: CO Zip: 80217-37796. Contact Name: CHERYL LIGHT Phone: (720)929-64617 Fax: (720)929-7461Email: CHERYL.LIGHT@ANADARKO.COM7. Well Name: VOGL Well Number: 21-5X

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

9. Proposed Total Measured Depth: 8311

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 5 Twp: 2N Rng: 67W Meridian: 6Latitude: 40.174390 Longitude: -104.922050Footage at Surface: 329 FNL 358 FWL11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 4830 13. County: WELD

14. GPS Data:

Date of Measurement: 08/10/2009 PDOP Reading: 2.0 Instrument Operator's Name: TRAVIS KRAICH15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: 1270 FNL 2556 FEL Bottom Hole: 1270 FNL 2556 FELSec: 5 Twp: 2N Rng: 67W Sec: 5 Twp: 2N 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: 250 ft18. Distance to nearest property line: 290 ft 19. Distance to nearest well permitted/completed in the same formation: 943 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.)
J-SAND	JSND	232	320	N/2
NIOBRARA-CODELL	NB-CD	407	160	W/2NE/4; E/2NW/4

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 OIL & GAS LEASE

25. Distance to Nearest Mineral Lease Line: 50 ft 26. Total Acres in Lease: 82

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	13+3/4	9+5/8	36	1,220	900	1,220	
1ST	7+7/8	4+1/2	11.6	8,498	200	8,498	
1ST LINER							

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

33. Comments NO CONDUCTOR CASING WILL BE USED

34. Location ID: 331911

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: SR. REGULATORY ANALYST Date: _____ Email: DJREGULATORY@ANADARK

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 05 123 31203 01	Permit Number: _____ Expiration Date: _____
--------------------------------------	---

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
400076529	WELL LOCATION PLAT	VOGL 21-5X PLAT.pdf
400076530	TOPO MAP	VOGL 21-5 Topo.pdf
400076531	MULTI-WELL PLAN	VOGL 3 PAD 2N67W5.pdf
400076532	DEVIATED DRILLING PLAN	VOGL 21-5X PLAN #1.pdf
400076533	DEVIATED DRILLING PLAN	VOGL 21-5X PLAN #1 DRAWING.pdf

Total Attach: 5 Files