

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:

400070128

Plugging Bond Surety

20040060

3. Name of Operator: BARRETT CORPORATION* BILL4. 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: CBS Well Number: 32B-21-692

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

9. Proposed Total Measured Depth: 8000

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 21 Twp: 6S Rng: 92W Meridian: 6Latitude: 39.514581 Longitude: -107.671322Footage at Surface: 1836 FNL/FSL FNL 2513 FEL/FWL FEL11. Field Name: Mamm Creek Field Number: 5250012. Ground Elevation: 5750.3 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 05/06/2010 PDOP Reading: 6.0 Instrument Operator's Name: James A. Kalmon15. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 2190 FNL 1980 FEL 2190 FNL 1980 FEL
Sec: 21 Twp: 6S Rng: 92W Sec: 21 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: 474 ft18. Distance to nearest property line: 122 ft 19. Distance to nearest well permitted/completed in the same formation: 338 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
Williams Fork	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):
Please see attached Lease Map

25. Distance to Nearest Mineral Lease Line: 455 ft 26. Total Acres in Lease: 560

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 & 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	42	40		40	0
SURF	12+1/4	9+5/8	36	800	150	800	0
1ST	8+3/4	4+1/2	11.6	8,000	550	8,000	4,886

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. Exception location requested. On Circle B Land Tract 5 pad.

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

05

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
400070352	DEVIATED DRILLING PLAN	CBS 32B-21-692 Directional Plan comb.pdf
400070376	LEASE MAP	CBS_Tract5_LeaseBoundaries_060910.pdf
400070377	WELL LOCATION PLAT	CBS 32B-21-692 LP & ADD.pdf
400095067	TOPO MAP	access road CIRCLE B TRACT 5.pdf
400095068	MULTI-WELL PLAN	CIRCLE B TRACT 5 INTERFERENCE.pdf
400095069	PROPOSED BMPs	proposed BMP's.pdf
400095070	CONST. LAYOUT DRAWINGS	const layout CIRCLE B TRACT 5.pdf
400095072	EXCEPTION LOC REQUEST	REQ EXC LOC LTR.pdf
400095075	EXCEPTION LOC WAIVERS	CBS Tr 5 150' Setback Waiver Specialty counter 072910.pdf
400095078	WELLBORE DIAGRAM	WBD CBS 32B-21-692.pdf

Total Attach: 10 Files