

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:

400073520

Plugging Bond Surety

20090078

3. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION 4. COGCC Operator Number: 691755. Address: 1775 SHERMAN STREET - STE 3000City: DENVER State: CO Zip: 802036. Contact Name: Kelly Huffman Phone: (303)831-3974 Fax: (303)860-5838Email: khuffman@petd.com7. Well Name: Frank Trust Well Number: 11-11H

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

9. Proposed Total Measured Depth: 10601

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 11 Twp: 6N Rng: 61W Meridian: 6Latitude: 40.508635 Longitude: -104.184961Footage at Surface: 502 FNL/FSL FNL 200 FEL/FWL FWL11. Field Name: Krieger Field Number: 4757012. Ground Elevation: 4727 13. County: WELD

14. GPS Data:

Date of Measurement: 06/17/2010 PDOP Reading: 6.0 Instrument Operator's Name: Jerry F. Harcek, Jr.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

513 FNL 781 FWL 580 FNL 500 FELSec: 11 Twp: 6N Rng: 61W Sec: 11 Twp: 6N Rng: 61W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 180 ft18. Distance to nearest property line: 200 ft 19. Distance to nearest well permitted/completed in the same formation: 7286 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.)
Niobrara	NBRR	407-374	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#: 19990086

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):
Township 6N, Range 61W, 6th P.M., Section 11: All

25. Distance to Nearest Mineral Lease Line: 500 ft 26. Total Acres in Lease: 640

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	12+1/4	9+5/8	36	400	159	400	0
1ST	8+3/4	7+0/0	26	6,539	809	6,539	600
1ST LINER	6+1/8	4+1/2	11.6	10,321			

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: Kelly Huffman

Title: Permit Specialist Date: _____ Email: khuffman@petd.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
400095194	30 DAY NOTICE LETTER	Frank Trust 11-11 30-day notice.pdf
400095195	PLAT	FRANK TRUST 11-11H 6N61W11 Well Cert.pdf
400095209	DEVIATED DRILLING PLAN	Frank Trust 11-11H Deviated Drilling Plan.pdf
400095216	EXCEPTION LOC WAIVERS	Frank Trust 11-11 SLW.pdf
400095218	EXCEPTION LOC REQUEST	Frank Trust 11-11H SLW Letter to Director.pdf

Total Attach: 5 Files