

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:

400127345

Plugging Bond Surety

20040105

3. Name of Operator: BERRY PETROLEUM COMPANY

4. COGCC Operator Number: 10091

5. Address: 1999 BROADWAY STE 3700

City: DENVER State: CO Zip: 80202

6. Contact Name: Kallasandra Moran Phone: (303)999-4225 Fax: (303)999-4325

Email: kmoran@bry-consultant.com

7. Well Name: Chevron Well Number: 29-16D

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

9. Proposed Total Measured Depth: 9567

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 29 Twp: 5S Rng: 96W Meridian: 6

Latitude: 39.590217 Longitude: -108.197234

Footage at Surface: 1158 feet FNL 1395 feet FWL

11. Field Name: Grand Valley Field Number: 31290

12. Ground Elevation: 7878 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 12/06/2010 PDOP Reading: 2.8 Instrument Operator's Name: Robert Wood / Construction Surveys Inc

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 _____
163 FNL 658 FWL 163 FNL 658 FWL

Sec: 29 Twp: 5S Rng: 96W Sec: 29 Twp: 5S Rng: 96W

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: 8426 ft

18. Distance to nearest property line: 2803 ft 19. Distance to nearest well permitted/completed in the same formation: 1241 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.)
Williams Fork	WMFK	513-18		

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 mineral lease map.

25. Distance to Nearest Mineral Lease Line: 163 ft 26. Total Acres in Lease: 4622

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: Total closed loop system

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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	30	20	55	0	90	100	90	0
SURF	16	9+5/8	36	0	2,000	1,000	2,000	0
1ST	8+3/4	4+1/2	11.6	0				0
2ND	7+7/8	4+1/2	11.6	0	9,567	600	9,567	0

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

33. Comments The pad has been built. The proposed well has not been drilled. The conductor has not been set. No rig on site. The location does not require a variance from any of the rules listed in Rule 306.d. (1). (A). (ii). The location is in a restricted surface occupancy area for sage grouse production. The location is in a sensitive wildlife habitat area for sage grouse production and elk production. The production casing Top of Cement will be 200' above the Top of Gas.

34. Location ID: 335965

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: Kallasandra M. Moran

Title: Permit Agent Date: _____ Email: kmoran@bry-consultant.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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05 045 12875 00

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.

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Attachment Check List

Att Doc Num	Name
400127349	PLAT
400127351	TOPO MAP
400127352	MINERAL LEASE MAP
400127353	OTHER
400127757	DEVIATED DRILLING PLAN
400127758	30 DAY NOTICE LETTER

Total Attach: 6 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)