

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:
400148668
Plugging Bond Surety
20040060

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: Valerie Walker Phone: (303)312-8531 Fax: (303)291-0420
Email: vwalker@billbarrettcorp.com

7. Well Name: GGU Kaufman Well Number: 32D-30-691

8. Unit Name (if appl): Gibson Gulch Unit Number: COC52447X

9. Proposed Total Measured Depth: 8001

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 30 Twp: 6S Rng: 91W Meridian: 6
Latitude: 39.501156 Longitude: -107.602563

Footage at Surface: 1654 feet FNL 988 feet FWL

11. Field Name: Mamm Creek Field Number: 52500

12. Ground Elevation: 5834 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 12/07/2010 PDOP Reading: 6.0 Instrument Operator's Name: J. Kalmon

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
1510 FNL 1984 FEL 1510 FNL 1984 FEL
Sec: 30 Twp: 6S Rng: 91W Sec: 30 Twp: 6S Rng: 91W

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: 218 ft

18. Distance to nearest property line: 332 ft 19. Distance to nearest well permitted/completed in the same formation: 332 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	191-65		
Williams Fork	WMFK	191-9		

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 lease map

25. Distance to Nearest Mineral Lease Line: 379 ft 26. Total Acres in Lease: 217

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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite **If 28, 29, or 30 are "Yes" a pit permit may be required.**

Method: Land Farming Land Spreading Disposal Facility Other: Evap & Bury

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	24	14	36	0	40		40	0
SURF	12+1/4	9+5/8	36	0	750	240	750	0
1ST	7+7/8	4+1/2	11.6	0	8,005	800	8,005	3,487

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

33. Comments Kaufman Pad #3. Rig height derrick floor to top of mast = 142 feet. Surface casing depth based on 10% of TVD. 8 3/4" hole drilled to approximately 5000 feet, then 7 7/8" hole to TD. Conductor set with grout. Production casng cement top to be 500 feet above top Mesaverde. Located in a Federal Unit. 10 acre spacing is 191-10 for lles, 191-8 for Williams Fork.

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: Valerie A. Walker

Title: Permit Analyst Date: _____ Email: vwalker@billbarrettcop.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: _____

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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
400148687	DEVIATED DRILLING PLAN
400148689	WELL LOCATION PLAT
400148692	LEASE MAP
400148693	SURFACE AGRMT/SURETY
400151100	LEASE MAP

Total Attach: 5 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)