

FORM
2Rev
12/05State 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 Lateral
SINGLE ZONE ☐ MULTIPLE ZONE ☐ COMMINGLE ZONE ☐Refiling ☐Sidetrack ☒

Document Number:

400161314

Plugging Bond Surety

19980020

3. Name of Operator: CHESAPEAKE OPERATING INC4. COGCC Operator Number: 166605. Address: P O BOX 18496City: OKLAHOMA CITY State: OK Zip: 73154-04966. Contact Name: LINDSEY MELOTT Phone: (405)935-8323 Fax: (405)849-8323Email: LINDSEY.MELOTT@CHK.COM7. Well Name: WAGNER Well Number: 11-65 9-1H

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

9. Proposed Total Measured Depth: 12423

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 9 Twp: 11N Rng: 65W Meridian: 6Latitude: 40.940802 Longitude: -104.664770Footage at Surface: 600 feet FNL/FSL 2022 feet FEL/FWL FEL11. Field Name: WILDCAT Field Number: 9999912. Ground Elevation: 5968 13. County: WELD

14. GPS Data:

Date of Measurement: 01/09/2011 PDOP Reading: 2.4 Instrument Operator's Name: KRIS MULLINS15. If well is ☐ Directional ☒ Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 1171 FNL 2024 FEL 600 FSL 1980 FEL 600
Sec: 9 Twp: 11N Rng: 65W Sec: 9 Twp: 11N Rng: 65Q16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 950 ft18. Distance to nearest property line: 3250 ft 19. Distance to nearest well permitted/completed in the same formation: 5280 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	535-10	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):
T11N- R65W: SECTION 9: ALL

25. Distance to Nearest Mineral Lease Line: 600 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 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: EVAPORATION AND BURIA

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	16		0	80		80	0
SURF	12+1/4	9+5/8	40	0	1,000	322	1,000	0
1ST	8+3/4	4+1/2	11.6	0	12,423	413	12,423	0

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

33. Comments _____

34. Location ID: 422671

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: LINDSEY MELOTT

Title: SR REGULATORY COMP SPEC Date: _____ Email: LINDSEY.MELOTT@CHK.CO

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 33345 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.

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Attachment Check List

Att Doc Num	Name
400161338	PLAT
400161392	SURFACE CASING CHECK
400161394	DEVIATED DRILLING PLAN
400161396	OTHER

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)

BMP

Type	Comment

Total: 0 comment(s)