


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table>	DE	ET	OE	ES						
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APPLICATION FOR PERMIT TO:			Document Number: <div style="text-align: center; margin-top: 10px;">1634858</div> Plugging Bond Surety <div style="text-align: center; margin-top: 10px;">20010124</div>										
1. <input type="checkbox"/> Drill, <input type="checkbox"/> Deepen, <input type="checkbox"/> Re-enter, <input checked="" type="checkbox"/> Recomplete and Operate													
2. TYPE OF WELL <table style="width: 100%;"> <tr> <td>OIL <input type="checkbox"/></td> <td>GAS <input checked="" type="checkbox"/></td> <td>COALBED <input type="checkbox"/></td> <td>OTHER <input type="checkbox"/></td> </tr> <tr> <td>SINGLE ZONE <input type="checkbox"/></td> <td>MULTIPLE ZONE <input checked="" type="checkbox"/></td> <td colspan="2">COMMINGLE ZONE <input checked="" type="checkbox"/></td> </tr> </table> <div style="margin-top: 10px;"> Refiling <input type="checkbox"/> Sidetrack <input type="checkbox"/> </div>				OIL <input type="checkbox"/>	GAS <input checked="" type="checkbox"/>	COALBED <input type="checkbox"/>	OTHER <input type="checkbox"/>	SINGLE ZONE <input type="checkbox"/>	MULTIPLE ZONE <input checked="" type="checkbox"/>	COMMINGLE ZONE <input checked="" type="checkbox"/>			
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SINGLE ZONE <input type="checkbox"/>	MULTIPLE ZONE <input checked="" type="checkbox"/>	COMMINGLE ZONE <input checked="" type="checkbox"/>											
3. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u> 4. COGCC Operator Number: <u>47120</u>													
5. Address: <u>P O BOX 173779</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>													
6. Contact Name: <u>CHERYL LIGHT</u> Phone: <u>(720)929-6461</u> Fax: <u>(720)929-7461</u> Email: <u>CHERYL.LIGHT@ANADARKO.COM</u>													
7. Well Name: <u>ELTON N MILLER C GAS UNIT</u> Well Number: <u>#1</u>													
8. Unit Name (if appl): _____ Unit Number: _____													
9. Proposed Total Measured Depth: <u>7970</u>													
WELL LOCATION INFORMATION													
10. QtrQtr: <u>SWSW</u> Sec: <u>7</u> Twp: <u>2N</u> Rng: <u>66W</u> Meridian: <u>6</u> Latitude: <u>40.148425</u> Longitude: <u>-104.825300</u>													
<table style="width: 100%;"> <tr> <td style="width: 33%;">Footage at Surface: <u>1240</u> feet</td> <td style="width: 33%;">FNL/FSL <u>FSL</u> <u>1210</u> feet</td> <td style="width: 33%;">FEL/FWL <u>FWL</u></td> </tr> </table>				Footage at Surface: <u>1240</u> feet	FNL/FSL <u>FSL</u> <u>1210</u> feet	FEL/FWL <u>FWL</u>							
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11. Field Name: <u>WATTENBERG</u> Field Number: <u>90750</u>													
12. Ground Elevation: <u>4854</u> 13. County: <u>WELD</u>													
14. GPS Data: Date of Measurement: <u>07/13/2006</u> PDOP Reading: <u>2.0</u> Instrument Operator's Name: <u>STEVE FISHER</u>													
15. If well is <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal (highly deviated) submit deviated drilling plan. Footage at Top of Prod Zone: FNL/FSL _____ FEL/FWL _____ Bottom Hole: FNL/FSL _____ FEL/FWL _____ Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____													
16. Is location in a high density area? (Rule 603b)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
17. Distance to the nearest building, public road, above ground utility or railroad: <u>1355</u> ft													
18. Distance to nearest property line: <u>215</u> ft 19. Distance to nearest well permitted/completed in the same formation: <u>706</u> ft													
20. LEASE, SPACING AND POOLING INFORMATION													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Objective Formation(s)</th> <th style="width: 20%;">Formation Code</th> <th style="width: 20%;">Spacing Order Number(s)</th> <th style="width: 20%;">Unit Acreage Assigned to Well</th> <th style="width: 20%;">Unit Configuration (N/2, SE/4, etc.)</th> </tr> <tr> <td>NIобрARA</td> <td>NBRR</td> <td>407</td> <td>160</td> <td>SW/4</td> </tr> </table>				Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)	NIобрARA	NBRR	407	160	SW/4
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IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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 DATED APRIL 2, 1970

25. Distance to Nearest Mineral Lease Line: 215 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 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: _____

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
SURF	12+1/4	8+5/8		24	222	425	222	
1ST	7+7/8	4+1/2		10	7,970	650	7,970	4,080
S.C. 1.1					7,250	150	7,252	6,880
S.C. 1.2					4,780	100	4,781	4,470
S.C. 1.3					4,080	200	4,062	3,934
			Stage Tool		547	200	550	200

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

33. Comments A FORM 2A ID NOT REQUIRED FOT THIS RECOMPLETION BECAUSE NO PIT WILL BE CONSTRUCTED AND THERE WILL BE NO ADDITIONAL SURFACE DISTURBANCE BEYOND THE ORIGINALLY DISTURBED AREA. RECOMPLETION FORM 4 DOC #1634861

34. Location ID: 317858

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: CHERYL LIGHT

Title: SENIOR REGULATORY ANALYST Date: 4/4/2011 Email: SHERYL.LIGHT@ANADARKO.

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: David S. Neslin Director of COGCC Date: 5/5/2011

API NUMBER

05 123 07862 00

Permit Number: _____

Expiration Date: 5/4/2013

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
1634858	APD ORIGINAL
1634859	OIL & GAS LEASE
1634860	30 DAY NOTICE LETTER

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Checked Multiple zone. plg.	4/22/2011 9:58:36 AM

Total: 1 comment(s)

BMP

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

Total: 0 comment(s)