

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 ☐ COMMINGLE ☐

 Refilling ☐
 Sidetrack ☐

Document Number:

400150834

Plugging Bond Surety

20100152

3. Name of Operator: CONTINENTAL RESOURCES INC

4. COGCC Operator Number: 10347

5. Address: PO BOX 1032

City: ENID State: OK Zip: 73703

6. Contact Name: Pam Combest Phone: (580)5485213 Fax: (580)5485293

Email: pamcombest@suddenlink.net

7. Well Name: Marconi Well Number: 1-1H

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

9. Proposed Total Measured Depth: 15765

WELL LOCATION INFORMATION

10. QtrQtr: Lot 1 Sec: 1 Twp: 7N Rng: 62W Meridian: 6

Latitude: 40.609044 Longitude: -104.261407

Footage at Surface: 504 feet FNL/FSL FNL 660 feet FEL/FWL FEL

11. Field Name: GWA Field Number:

12. Ground Elevation: 4917 13. County: WELD

14. GPS Data:

Date of Measurement: 04/27/2011 PDOP Reading: 1.5 Instrument Operator's Name: Paul A. Valdez

15. If well is ☐ Directional ☒ Horizontal (highly deviated) submit deviated drilling plan.
 Footage at Top of Prod Zone: FNL/FSL FNL/FWL Bottom Hole: FNL/FSL FNL/FWL
 984 FNL 660 FEL 660 FSL 660 FEL
 Sec: 1 Twp: 7N Rng: 62W Sec: 12 Twp: 7N Rng: 62W
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: 1894 ft

18. Distance to nearest property line: 504 ft 19. Distance to nearest well permitted/completed in the same formation: 1093 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		1280	Sec 1 & 12

21. Mineral Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian Lease #: _____22. Surface Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian23. Is the Surface Owner also the Mineral Owner? ☐ Yes ☒ No Surface Surety ID#: 2010015323a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? ☐ Yes ☐ No23b. If 23 is ☐ Surface Owners Agreement Attached or ☒ \$25,000 Blanket Surface Bond ☐ \$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):

25. Distance to Nearest Mineral Lease Line: 504 ft26. Total Acres in Lease: 1280**DRILLING PLANS AND PROCEDURES**27. Is H2S anticipated? ☐ Yes ☒ No If Yes, attach contingency plan.28. Will salt sections be encountered during drilling? ☐ Yes ☒ No29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? ☐ Yes ☒ No30. If questions 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? ☐ Yes ☐ No31. 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 backfill

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	20	16	50	0	60	30	60	0
SURF	13+1/2	9+5/8	36	0	550	679	550	0
1ST	8+3/4	7	26	0	6,869	1,156	6,869	0
1ST LINER	6	4+1/2	11.6	6026	15,765			

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 ☒ No36. 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: Pam CombestTitle: Regulatory Compliance Date: 4/8/2011 Email: pamcombest@contres.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

05

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.**

Attachment Check List

Att Doc Num	Name
400169388	WELL LOCATION PLAT
400169389	DEVIATED DRILLING PLAN

Total Attach: 2 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)