

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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Document Number:
400156013
Plugging Bond Surety
20100152

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

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: Christi Scritchfield Phone: (580)548-5257 Fax: (580)548-5257
Email: christiscritchfield@contres.com

7. Well Name: Allenby Well Number: 1-8H

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

9. Proposed Total Measured Depth: 10817

WELL LOCATION INFORMATION

10. QtrQtr: NENE Sec: 8 Twp: 9N Rng: 61W Meridian: 6
Latitude: 40.769897 Longitude: -104.222569

Footage at Surface: 250 feet FNL 600 feet FEL

11. Field Name: _____ Field Number: _____

12. Ground Elevation: 4926 13. County: WELD

14. GPS Data:

Date of Measurement: 03/25/2011 PDOP Reading: 2.0 Instrument Operator's Name: Mark A. Hall

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 _____
736 FNL 600 FEL 600 FSL 600 FEL
Sec: 8 Twp: 9N Rng: 61W Sec: 8 Twp: 9N Rng: 61W

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: 567 ft

18. Distance to nearest property line: 250 ft 19. Distance to nearest well permitted/completed in the same formation: 422 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.)
Niobara	NBRR	10-10	640	ALL

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#: 20100153
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):
All of Sec 8-9N-61W, Weld County
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 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	930	440	930	0
1ST	8+3/4	7	26	0	6,845	1,154	6,845	0
1ST LINER	6	4+1/2	11.6	6085	10,817			

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 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: Christi Scritchfield
Title: Regulatory Compliance Date: 4/19/2011 Email: christiscritchfield@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: David S. Neslin Director of COGCC Date: 6/6/2011

API NUMBER
05 123 33603 00
Permit Number: _____ Expiration Date: 6/5/2013
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.

- 1) Provide 24 hour notice of MIRU to Bo Brown via email at bo.brown@state.co.us.
- 2) Comply with Rule 317.d and set at least 930' of surface casing, cement to surface. –OR- Operator may set 801' of surface casing as proposed and cement production casing from 930' to 50' above surface casing shoe.
- 3) Comply with Rule 317.i and provide cement coverage from TD to a minimum of 200' above Niobrara. Verify coverage with cement bond log.
- 4) Comply with Rule 321. Run and submit Directional Survey from TD to base of surface casing. Ensure that the wellbore complies with setback requirements in commission orders or rules prior to producing the well.

Attachment Check List

Att Doc Num	Name
2112806	SURFACE CASING CHECK
400156013	FORM 2 SUBMITTED
400156045	DEVIATED DRILLING PLAN
400156046	WELL LOCATION PLAT

Total Attach: 4 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)