

APPLICATION FOR PERMIT TO:

1. **Drill,** Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____

SINGLE ZONE MULTIPLE COMMINGLE

Refiling Sidetrack

Document Number:
400149433

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: Mary Pobuda Phone: (303)312-8511 Fax: (303)291-0420
Email: mpobuda@billbarrettcorp.com

7. Well Name: Miller Well Number: 44A-36-692

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

9. Proposed Total Measured Depth: 7110

WELL LOCATION INFORMATION

10. QtrQtr: Lot 4 Sec: 6 Twp: 7S Rng: 91W Meridian: 6
Latitude: 39.475285 Longitude: -107.604572

Footage at Surface: 556 feet FNL/FSL FNL 370 feet FEL/FWL FWL

11. Field Name: Mamm Creek Field Number: 52500

12. Ground Elevation: 6093 13. County: GARFIELD

14. GPS Data:
Date of Measurement: 07/08/2010 PDOP Reading: 6.0 Instrument Operator's Name: James. A. 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

255 FSL 659 FEL 255 FSL 659 FEL

Sec: 36 Twp: 6S Rng: 92W Sec: 36 Twp: 6S Rng: 92W

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: 264 ft

18. Distance to nearest property line: 1138 ft 19. Distance to nearest well permitted/completed in the same formation: 314 ft

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.)
Williams Fork	WMFK	191-8	40	SESE

21. Mineral Ownership: Fee State Federal Indian Lease #: CO10284

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 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):

See attached lease map

25. Distance to Nearest Mineral Lease Line: 255 ft 26. Total Acres in Lease: 857

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	686	220	686	0
1ST	7+7/8	4+1/3	11.6	0	7,114	800	7,114	2,576

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

33. Comments Miller pad #9. Conductor set with grout. 8 3/4" hole drilled to 5000 feet, then 7 7/8" hole to TD. Please see attached exception setback acknowledgment letter from Encana.

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: Mary Pobuda

Title: Permit Analyst Date: _____ Email: mpobuda@billbarrettcorp.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
400151858	SURFACE AGRMT/SURETY
400165836	WELL LOCATION PLAT
400165837	DEVIATED DRILLING PLAN
400182622	MULTI-WELL PLAN
400182624	LEASE MAP
400182626	EXCEPTION LOC WAIVERS

Total Attach: 6 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)