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|--|--|---|--|--------------------------------------|----|----|----|
| <b>FORM</b><br><b>2</b><br>Rev<br>12/05  | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>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 |
| DE   | ET   | OE  | ES   |                                      |    |    |    |
| <b>APPLICATION FOR PERMIT TO:</b>  |  |   | Document Number:<br><br>400182391<br><br>Plugging Bond Surety<br><br>19980020  |                                      |    |    |    |
| 1. <input checked="" type="checkbox"/> <b>Drill,</b> <input type="checkbox"/> Deepen, <input type="checkbox"/> Re-enter, <input type="checkbox"/> Recomplete and Operate   |  |   |  |                                      |    |    |    |
| 2. TYPE OF WELL<br>OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> COALBED <input type="checkbox"/> OTHER _____<br>SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/> COMMINGLE ZONE <input type="checkbox"/>   |  | Refiling <input type="checkbox"/><br>Sidetrack <input type="checkbox"/>             |  |                                      |    |    |    |
| 3. Name of Operator: <u>CHESAPEAKE OPERATING INC</u>   |  | 4. COGCC Operator Number: <u>16660</u>  |  |                                      |    |    |    |
| 5. Address: <u>P O BOX 18496</u><br>City: <u>OKLAHOMA CITY</u> State: <u>OK</u> Zip: <u>73154-0496</u>   |  |   |  |                                      |    |    |    |
| 6. Contact Name: <u>LINDSEY MELOTT</u> Phone: <u>(405)935-8323</u> Fax: <u>(405)849-8323</u><br>Email: <u>LINDSEY.MELOTT@CHK.COM</u>   |  |   |  |                                      |    |    |    |
| 7. Well Name: <u>HUTCHISON 2-9-67</u>  |  | Well Number: <u>1H</u>  |  |                                      |    |    |    |
| 8. Unit Name (if appl): _____  |  | Unit Number: _____  |  |                                      |    |    |    |
| 9. Proposed Total Measured Depth: <u>11973</u>   |  |   |  |                                      |    |    |    |
| <b>WELL LOCATION INFORMATION</b>   |  |   |  |                                      |    |    |    |
| 10. QtrQtr: <u>SWSE</u> Sec: <u>2</u> Twp: <u>9N</u> Rng: <u>67W</u> Meridian: <u>6</u><br>Latitude: <u>40.769719</u> Longitude: <u>-104.856581</u>  |  |   |  |                                      |    |    |    |
| Footage at Surface: <u>280</u> feet      FNL/FSL <u>FSL</u> 2180 feet      FEL/FWL <u>FEL</u>  |  |   |  |                                      |    |    |    |
| 11. Field Name: <u>WILDCAT</u>   |  | Field Number: <u>99999</u>  |  |                                      |    |    |    |
| 12. Ground Elevation: <u>5421.3</u>  |  | 13. County: <u>WELD</u>   |  |                                      |    |    |    |
| 14. GPS Data:<br>Date of Measurement: <u>06/22/2011</u> PDOP Reading: <u>2.8</u> Instrument Operator's Name: <u>PAUL ORME</u>  |  |   |  |                                      |    |    |    |
| 15. If well is <input type="checkbox"/> Directional <input checked="" type="checkbox"/> Horizontal (highly deviated) <b>submit deviated drilling plan.</b><br>Footage at Top of Prod Zone:      FNL/FSL      FEL/FWL      Bottom Hole:      FNL/FSL      FEL/FWL<br><u>851</u> <u>FSL</u> <u>2181</u> <u>FEL</u> <u>600</u> <u>FNL</u> <u>2180</u> <u>FEL</u><br>Sec: <u>2</u> Twp: <u>9N</u> Rng: <u>67W</u> Sec: <u>2</u> Twp: <u>9N</u> Rng: <u>67W</u> |  |   |  |                                      |    |    |    |
| 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>4593 ft</u>  |  |   |  |                                      |    |    |    |
| 18. Distance to nearest property line: <u>280 ft</u> 19. Distance to nearest well permitted/completed in the same formation: <u>4000 ft</u>  |  |   |  |                                      |    |    |    |
| <b>20. LEASE, SPACING AND POOLING INFORMATION</b>  |  |   |  |                                      |    |    |    |
| Objective Formation(s)   | Formation Code   | Spacing Order Number(s)   | Unit Acreage Assigned to Well  | Unit Configuration (N/2, SE/4, etc.) |    |    |    |
| NIOBRARA   | NBRR   | 535-2   | 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#: \_\_\_\_\_

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):  
ALL SECTION 2-9N-67W

25. Distance to Nearest Mineral Lease Line: \_\_\_\_\_ 280 \_\_\_\_\_ 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

Method: ☒ Land Farming ☐ Land Spreading ☐ Disposal Facility Other: \_\_\_\_\_

If 28, 29, or 30 are "Yes" a pit permit may be required.

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             | 1,300         | 411       | 1,300   | 0       |
| 1ST         | 8+3/4        | 4+1/2          | 11.6  | 0             | 11,974        | 1,994     | 11,974  |         |

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: LINDSEY MELOTT

Title: SUPERVISOR-REG COMP Date: 7/6/2011 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: David S. Neslin Director of COGCC Date: 7/28/2011

**API NUMBER**

05 123 34079 00

Permit Number: \_\_\_\_\_ Expiration Date: 7/27/2013

**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 at e-mail bo.brown@state.co.us.
- 2) Comply with Rule 317.i and provide cement coverage from TVD to a minimum of 200' above Niobrara. Verify coverage with cement bond log.
- 3) 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                   |
|-------------|------------------------|
| 400182391   | FORM 2 SUBMITTED       |
| 400182404   | DEVIATED DRILLING PLAN |
| 400182405   | PLAT                   |

Total Attach: 3 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)