

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:
400192118

PluggingBond SuretyID
20090078

3. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION 4. COGCC Operator Number: 69175

5. Address: 1775 SHERMAN STREET - STE 3000
City: DENVER State: CO Zip: 80203

6. Contact Name: Liz Lindow Phone: (303)831-3974 Fax: ()
Email: llindow@petd.com

7. Well Name: Stille Well Number: 12-6H

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

9. Proposed Total Measured Depth: 10586

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 6 Twp: 6N Rng: 64W Meridian: 6
Latitude: 40.517880 Longitude: -104.599780

Footage at Surface: _____ feet FNL/FSL _____ feet FEL/FWL _____ feet
1550 feet FNL 500 feet FWL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 4780 13. County: WELD

14. GPS Data:
Date of Measurement: 07/30/2011 PDOP Reading: 2.6 Instrument Operator's Name: Thomas Carlson

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 _____
1490 FNL 1266 FWL 1321 FNL 500 FEL
Sec: 6 Twp: 6N Rng: 64W Sec: 6 Twp: 6N Rng: 64W

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: 412 ft

18. Distance to nearest property line: 160 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 381 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.)
Niobrara	NBRR	407-87	320	N/2

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#: 19990086

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):

N2 of Section 6 T6N R64W 6th PM

25. Distance to Nearest Mineral Lease Line: 500 ft 26. Total Acres in Lease: 320

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: closed loop

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	9+5/8	36	0	875	159	875	0
1ST	8+3/4	7	26	0	7,355	809	7,355	600
1ST LINER	6+1/8	4+1/2	11.6	6150	10,586			

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

33. Comments Conductor casing will not be used. Operator requests an exception location per rule 318Aa and rule 318Ac - operator will not be drilling in a legal drilling window or twin with an existing well. Waivers attached. Operator requests approval of the 320 acre spacing unit per rule 318Ae consisting of the N/2 of Section 6 T6N R64W. Proposed spacing unit map and 20-day certificate attached.

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: Liz Lindow

Title: Permit Representative Date: 8/31/2011 Email: llindow@petd.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. Nesline Director of COGCC Date: 9/22/2011

API NUMBER

05 123 34410 00

Permit Number: _____ Expiration Date: 9/21/2013

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.

During the hydraulic fracturing of well, the operator shall monitor the casing and bradenhead pressures of the all offset wells with wellbore paths that are within 500 feet of the wellbore path of the well being hydraulically fractured. Casing and bradenhead pressure monitoring of the offset wells shall continue for a period of 24-hours after completion of stimulation operations. If at any time during stimulation operations or the 24-hour post-stimulation monitoring period, the bradenhead annulus pressure or the casing pressure of offset wells increases more than 200 psig, the operator of the well being stimulated shall verbally notify the Director as soon as practicable, but no later than twenty-four (24) hours following the incident. Within fifteen (15) days after the occurrence, the operator shall submit a Sundry Notice, Form 4, giving all details, including corrective actions taken.

- 1) Provide 48 hour notice of MIRU to Jim Precup via e-mail at jim.precup@state.co.us.
- 2) Comply with Rule 317.i and provide cement coverage from the end of the production casing to a minimum of 200' above the Niobrara. Verify coverage with a cement bond log.
- 3) Comply with Rule 321. Run and submit Directional Survey from the end of production casing 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
400192118	FORM 2 SUBMITTED
400192128	TOPO MAP
400192132	WELL LOCATION PLAT
400199413	30 DAY NOTICE LETTER
400199430	EXCEPTION LOC WAIVERS
400199432	PROPOSED SPACING UNIT
400199438	EXCEPTION LOC REQUEST
400201592	DEVIATED DRILLING PLAN

Total Attach: 8 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)