

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



|                                   |    |    |    |
|-----------------------------------|----|----|----|
| DE                                | ET | OE | ES |
| Document Number:<br>400195215     |    |    |    |
| PluggingBond SuretyID<br>20010124 |    |    |    |

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 ☐

3. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP 4. COGCC Operator Number: 47120  
5. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-3779  
6. Contact Name: REBECCA HEIM Phone: (720)929-6361 Fax: (720)929-7361  
Email: rebecca.heim@anadarko.com  
7. Well Name: BARCLAY Well Number: 4N-27HZ  
8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_  
9. Proposed Total Measured Depth: 11768

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 27 Twp: 3N Rng: 66W Meridian: 6  
Latitude: 40.190764 Longitude: -104.771093

Footage at Surface: 714 feet FNL/FSL 488 feet FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750  
12. Ground Elevation: 4964 13. County: WELD

14. GPS Data:

Date of Measurement: 06/30/2011 PDOP Reading: 1.7 Instrument Operator's Name: ROB WILSON

15. If well is ☐ Directional ☒ Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 630 FSL 520 FWL 460 FNL 520 FWL 460  
Bottom Hole: FNL/FSL 460 FNL 520 FWL 460  
Sec: 27 Twp: 3N Rng: 66W Sec: 27 Twp: 3N Rng: 66W

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: 444 ft

18. Distance to nearest property line: 488 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 120 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           |                         | 160                           | W/2W/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#: \_\_\_\_\_

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 OIL AND GAS LEASE

25. Distance to Nearest Mineral Lease Line: 460 ft

26. Total Acres in Lease: 5720

### 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: \_\_\_\_\_

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             | 850           | 430       | 850     | 0       |
| 1ST         | 8+3/4        | 7+0/0          | 26    | 0             | 7,570         | 720       | 7,570   |         |
| 1ST LINER   | 6+1/8        | 4+1/2          | 11.6  | 6500          | 11,768        |           |         |         |

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

33. Comments No conductor casing will be used. OVER 8 COUNT, PENDING RULE CHANGE EFFECTIVE 09/20/11.

34. Location ID: 336176

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: REBECCA HEIM

Title: REGULATORY ANALYST II Date: 8/30/2011 Email: DJREGULATORY@

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: 9/30/2011

#### API NUMBER

05 123 34454 00

Permit Number: \_\_\_\_\_ Expiration Date: 9/29/2013

#### 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 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. 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                   |
|-------------|------------------------|
| 2481168     | DIRECTIONAL SURVEY     |
| 400195215   | FORM 2 SUBMITTED       |
| 400195232   | 30 DAY NOTICE LETTER   |
| 400195233   | DEVIATED DRILLING PLAN |
| 400195234   | PLAT                   |
| 400195235   | TOPO MAP               |
| 400195236   | OIL & GAS LEASE        |
| 400195237   | PROPOSED SPACING UNIT  |
| 400195238   | SURFACE AGRMT/SURETY   |
| 400199132   | VARIANCE REQUEST       |

Total Attach: 10 Files

### **General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b>              | <b><u>Comment Date</u></b> |
|--------------------------|------------------------------------|----------------------------|
| Permit                   | On hold pepnding new rules 9/30/11 | 9/12/2011<br>10:03:15 AM   |

Total: 1 comment(s)

### **BMP**

| <b><u>Type</u></b>             | <b><u>Comment</u></b>  |
|--------------------------------|--|
| Drilling/Completion Operations | <p>1. At least seven (7) days prior to fracture stimulation, the operator is to notify all operators of non-operated wells within 300 feet of the wellbore to be fracture stimulated of the anticipated date stimulation date and the recommended best management practice to shut-in all wells within 300' of the stimulated wellbore completed in the same formation.</p> <p>2. The operator will monitor the bradenhead pressure of all wells within 300 feet of the well to be fracture stimulated.</p> <p>3. Bradenhead pressure gauges are to be installed 24 hours prior to stimulation. The gauges are to read at least once during every 24-hour period until 24-hours after stimulation is completed (post flowback). The gauges are to be of the type able to read current pressure and record the maximum encountered pressure in a 24-hour period. The gauge is to be reset between each 24-hour period. The pressures are to be recorded and saved.</p> <p>4. If at any time during stimulation or the 24-hour post-stimulation period, the bradenhead annulus pressure of the treatment well or offset wells increases more than 200 psig, as per Rule 341, 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.</p> |

Total: 1 comment(s)