

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:
 400212922
 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: Rosett Well Number: 24-26H

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

9. Proposed Total Measured Depth: 11110

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 26 Twp: 7N Rng: 61W Meridian: 6
 Latitude: 40.538757 Longitude: -104.176681

Footage at Surface: 50 feet FSL 2611 feet FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 4858 13. County: WELD

14. GPS Data:

Date of Measurement: 09/07/2011 PDOP Reading: 1.3 Instrument Operator's Name: LK Stevenson

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

Footage at Top of Prod Zone: 725 FSL 2369 FWL Bottom Hole: 500 FNL 500 FEL
 Sec: 26 Twp: 7N Rng: 61W Sec: 26 Twp: 7N 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: 2600 ft

18. Distance to nearest property line: 50 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 0 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	407-374	640	ALL

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):

SW/4, E2 of Section 26, T7N, R61W

25. Distance to Nearest Mineral Lease Line: 500 ft

26. Total Acres in Lease: 480

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	6,450	809	6,450	600
1ST LINER	6+1/8	4+1/2	11.6	5254	11,110			

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

33. Comments Conductor casing will not be used. Operator requests approval of Rule 318Aa and Rule 318Ac exception location: wellhead is to be located outside of a GWA drilling window and will be located more than 50' feet from an existing well location. Waiver attached. The Day 41-26H is the nearest permitted well but will be abandoned.

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: _____

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: _____ 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
400212933	30 DAY NOTICE LETTER
400212934	DEVIATED DRILLING PLAN
400212935	EXCEPTION LOC WAIVERS
400212936	EXCEPTION LOC WAIVERS
400212937	TOPO MAP
400212938	WELL LOCATION PLAT
400212939	PROPOSED SPACING UNIT
400212940	EXCEPTION LOC REQUEST

Total Attach: 8 Files

General Comments

User Group **Comment** **Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

BMP

Type **Comment**

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)