



DE	ET	OE	ES
----	----	----	----

Document Number:
 400214172
 PluggingBond SuretyID
 20090078

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: 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: Moss Well Number: 14-16H

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

9. Proposed Total Measured Depth: 10534

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 16 Twp: 7N Rng: 65W Meridian: 6
 Latitude: 40.568870 Longitude: -104.676930

Footage at Surface: 560 feet FSL 210 feet FWL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 4862 13. County: WELD

14. GPS Data:
 Date of Measurement: 08/27/2011 PDOP Reading: 2.0 Instrument Operator's Name: Thomas Carlson

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: 560 FSL 980 FWL Bottom Hole: 560 FSL 1279 FEL
 Sec: 16 Twp: 7N Rng: 65W Sec: 16 Twp: 7N Rng: 65W

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: 200 ft
 18. Distance to nearest property line: 180 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 3497 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		160	GWA

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, SW/4SE/4, W2NW/4SE/4, and a small portion just east of the border between the SW/4SE/4 and SE/4SE/4 of Section 16 T7N R65W

25. Distance to Nearest Mineral Lease Line: 50 ft 26. Total Acres in Lease: 216

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	7,600	809	7,600	600
1ST LINER	6+1/8	4+1/2	11.6	6393	10,534			

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: well will not be drilled in a legal drilling window or twinned with an existing well. Waviers attached. Per rule 318Ae, the Operator requests the proposed spacing unit consisting of 160 acres, S2S2 of Sec 16 T7N R 65W. Proposed spacing unit map and 30-day certificate is attached. The Moss SW-16 Pad in the SW/4 and the Mis SE-16 Pad in the SE/4 of section 16 T7N R65W 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: 10/12/2011 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: _____ 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
400214172	FORM 2 SUBMITTED
400214198	30 DAY NOTICE LETTER
400214199	DEVIATED DRILLING PLAN
400214200	EXCEPTION LOC WAIVERS
400214201	WELL LOCATION PLAT
400214202	TOPO MAP
400214205	EXCEPTION LOC REQUEST
400214207	PROPOSED SPACING UNIT

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)