

**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:  
 400216366  
 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: Carmichael Well Number: 41-26H

8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 11170

**WELL LOCATION INFORMATION**

10. QtrQtr: NENE Sec: 26 Twp: 7N Rng: 63W Meridian: 6  
 Latitude: 40.551940 Longitude: -104.397870

Footage at Surface: 100 feet FNL 1120 feet FEL  
FNL/FSL FEL/FWL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 4769 13. County: WELD

**14. GPS Data:**

Date of Measurement: 08/30/2011 PDOP Reading: 4.6 Instrument Operator's Name: Brian Brinkman

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

Footage at Top of Prod Zone: 880 FNL 1120 FEL 500 FSL 1120 FEL  
FNL/FSL FEL/FWL  
 Sec: 26 Twp: 7N Rng: 63W Sec: 26 Twp: 7N Rng: 63W

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: 1106 ft

18. Distance to nearest property line: 100 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 649 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		320	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):

T7N R63W Sec 26: E2

25. Distance to Nearest Mineral Lease Line: 500 ft

26. Total Acres in Lease: 319

### 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	7,116	809	7,116	600
1ST LINER	6+1/8	4+1/2	11.6	5911	11,170			

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, rule 318Ac, and rule 603a2: well will not be drilled in a legal drilling window, will not be twinned with an existing well, and will be closer than 150' to the nearest property line. Waivers attached. Operator requests the approval of the proposed spacing unit consisting of the E2 of Section 26 T7N R63W. Proposed spacing unit map and 30-day certificate are 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: Regulatory Analyst 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
400216373	30 DAY NOTICE LETTER
400216374	DEVIATED DRILLING PLAN
400216375	EXCEPTION LOC WAIVERS
400216376	PROPOSED SPACING UNIT
400216377	EXCEPTION LOC WAIVERS
400216378	EXCEPTION LOC REQUEST
400216379	TOPO MAP
400216380	WELL LOCATION PLAT

Total Attach: 8 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)

### BMP

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

Total: 0 comment(s)