

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: 400228283

PluggingBond SuretyID: 19880020

3. Name of Operator: MARATHON OIL COMPANY 4. COGCC Operator Number: 53650

5. Address: 5555 SAN FELIPE

City: HOUSTON State: TX Zip: 77056

6. Contact Name: Tiffany Stebbins Phone: (307)527-2223 Fax: (307)527-3280

Email: tastebbins@marathonoil.com

7. Well Name: Crow Valley 7-62-35 Well Number: 2H

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

9. Proposed Total Measured Depth: 10692

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 35 Twp: 7N Rng: 62W Meridian: 6

Latitude: 40.537040 Longitude: -104.292080

Footage at Surface: 366 feet FNL/FSL FNL 1837 feet FEL/FWL FWL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 4807.7 13. County: WELD

14. GPS Data:

Date of Measurement: 11/04/2011 PDOP Reading: 2.8 Instrument Operator's Name: Allen Blattel

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

608 FNL 1840 FWL 470 FSL 1989 FWL

Sec: 35 Twp: 7N Rng: 62W Sec: 35 Twp: 7N Rng: 62W

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: 4930 ft

18. Distance to nearest property line: 366 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 4000 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	407-501	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):

All of Section 35, T7N, R62W, 6th P.M.

25. Distance to Nearest Mineral Lease Line: 470 ft 26. Total Acres in Lease: 640

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
CONDUCTOR	20	16	53	0	40			
SURF	12+1/4	9+5/8	36	0	600	187	600	0
1ST	8+3/4	7	32	0	6,990	106	6,990	5,900
1ST LINER	6	4+1/2	11.6	6840	10,692	209	10,692	6,840

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

33. Comments Well 7-62-35-2H SHL is 24' from Crow Valley 7-62-26-2H SHL. This is a dual well pad with one horizontal BHL in Section 26, and one horizontal BHL in Section 35. Related Form 2A is being filed concurrently with Form 2.

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: Tiffany Stebbins

Title: Regulatory Compliance Rep Date: 12/13/2011 Email: tastebbins@marathonoil.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
400228283	FORM 2 SUBMITTED
400228356	DEVIATED DRILLING PLAN
400230529	SURFACE AGRMT/SURETY
400231934	WELL LOCATION PLAT
400231938	EXCEPTION LOC REQUEST
400232244	30 DAY NOTICE LETTER
400232246	30 DAY NOTICE LETTER

Total Attach: 7 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)