

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:
400222647

PluggingBond SuretyID
20100152

3. Name of Operator: CONTINENTAL RESOURCES INC 4. COGCC Operator Number: 10347

5. Address: PO BOX 1032
City: ENID State: OK Zip: 73703

6. Contact Name: Christi Scritchfield Phone: (580)233-8955 Fax: (580)548-5257
Email: christiscritchfield@contres.com

7. Well Name: Buchner Well Number: 1-2H

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

9. Proposed Total Measured Depth: 15725

WELL LOCATION INFORMATION

10. QtrQtr: Lot 1 Sec: 2 Twp: 7N Rng: 60W Meridian: 6
Latitude: 40.610888 Longitude: -104.052296

Footage at Surface: 250 feet FNL 660 feet FEL

11. Field Name: Crow Field Number: 13600

12. Ground Elevation: 4930 13. County: WELD

14. GPS Data:
Date of Measurement: 11/02/2011 PDOP Reading: 1.3 Instrument Operator's Name: L. Kelley Stevenson

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

729 FNL 666 FEL 660 FSL 660 FEL

Sec: 2 Twp: 7N Rng: 60W Sec: 11 Twp: 7N Rng: 60W

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: 250 ft

18. Distance to nearest property line: 250 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1525 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	535-104	1280	Sec 2 & 11

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#: 20100153

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):

The lease is NE/4 and SE/4 of both the NE/4 and SE/4 of Section 2, 7N, 60W and the NE/4 and SE/4 of both the NE/4 and SE/4 of Section 11, 7N, 60W.

25. Distance to Nearest Mineral Lease Line: 660 ft 26. Total Acres in Lease: 816

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: Evaporate and Backfill

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	26	16	50	0	60	30	60	0
SURF	13+1/2	9+5/8	36	0	535	229	535	0
1ST	8+3/4	7+1/2	26	0	6,525	594	6,525	0
1ST LINER	6	4+1/2	11.6	5724	15,725			

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

33. Comments _____

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: Christi Scritchfield

Title: Regulatory Compliance Date: 11/15/2011 Email: christiscritchfield@contres.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: David S. Neslin Director of COGCC Date: 12/21/2011

API NUMBER

05 123 34825 00

Permit Number: _____ Expiration Date: 12/20/2013

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 24 hour notice of MIRU to Jim Precup at 303-469-1902 or e-mail at james.precup@state.co.us .
- 2) Provide cement coverage from base of intermediate casing to a minimum of 200' above Niobrara. Verify coverage with cement bond log.
- 3) Run and submit Directional Survey from TD 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
400222647	FORM 2 SUBMITTED
400222688	WELL LOCATION PLAT
400222689	DEVIATED DRILLING PLAN

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	No LGD or public comment received; final review completed.	12/20/2011 8:38:12 AM
Engineer	Requested information from operator (christiscritchfield@contres.com) regarding 7" casing depth and cement bottom. Received information: 7" casing setting depth and cement bottom are both 6525'.	11/30/2011 8:37:43 AM
Permit	ON HOLD-Pending outcome of spacing hearing (Dec 2011)	11/21/2011 5:53:16 AM
Permit	On hold-pending outcome of the December spacing hearing	11/16/2011 8:56:31 AM
Permit	Operator answered question #22. Form has passed completeness.	11/16/2011 8:07:47 AM
Permit	Returned to draft. Missing #22	11/16/2011 7:07:22 AM

Total: 6 comment(s)

BMP

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

Total: 0 comment(s)