

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:
400246496

PluggingBond SuretyID
20040060

3. Name of Operator: BARRETT CORPORATION* BILL 4. COGCC Operator Number: 10071

5. Address: 1099 18TH ST STE 2300
City: DENVER State: CO Zip: 80202

6. Contact Name: Mary Pobuda Phone: (303)312-8511 Fax: (303)291-0420
Email: mpobuda@billbarrettcorp.com

7. Well Name: Siebring Well Number: 5-63-32-17H

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

9. Proposed Total Measured Depth: 10795

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 32 Twp: 5N Rng: 63W Meridian: 6
Latitude: 40.357820 Longitude: -104.451260

Footage at Surface: 1983 feet FNL/FSL FNL 232 feet FEL/FWL FEL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 4570 13. County: WELD

14. GPS Data:
Date of Measurement: 10/25/2011 PDOP Reading: 1.5 Instrument Operator's Name: Adam Kelly

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

1500 FNL 600 FEL 1500 FNL 600 FWL

Sec: 32 Twp: 5N Rng: 63W Sec: 32 Twp: 5N 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: 215 ft

18. Distance to nearest property line: 232 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 157 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	GWA	320	N/2

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):

Lease desc: Sec. 32, NE/4, T5N-R63W

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 160

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: Evap/bury

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	13+1/2	9+5/8	36	0	1,500	740	1,500	0
1ST	8+3/4	7	26	0	6,366	510	6,366	1,300
1ST LINER	6+1/8	4+1/2	11.6	6366	10,795		10,795	

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

33. Comments No conductor will be set on this well. Distance to nearest lease line is represented by proposed spacing unit.

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: Mary Pobuda

Title: Permit Analyst Date: _____ Email: mpobuda@billbarrettcorp.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
400247323	PLAT
400247327	EXCEPTION LOC WAIVERS
400248208	DEVIATED DRILLING PLAN
400248215	MULTI-WELL PLAN
400248216	30 DAY NOTICE LETTER
400248480	PROPOSED SPACING UNIT
400248831	DIRECTIONAL DATA

Total Attach: 7 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)

BMP

Type	Comment

Total: 0 comment(s)