

FORM  
2

Rev  
12/05

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400246496

Date Received:

02/06/2012

PluggingBond SuretyID

20040060

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: 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 232 feet 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): 171 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):

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. Proposed spacing unit is the N/2 of section 32. Wellhead is to be located outside of a GWA drilling window and will be located more than 50' from an existing well location. Barrett requests an exception location to 318Aa, 318Ac: Exception request and waiver 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: Mary Pobuda

Title: Permit Analyst Date: 2/6/2012 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: 3/13/2012

#### API NUMBER

05 123 35261 00

Permit Number: \_\_\_\_\_ Expiration Date: 3/12/2014

#### 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.

Operator must meet water well sampling requirements as per Rule 318A.

- 1) Provide 48 hour notice of MIRU to John Montoya by e-mail at John.Montoya@state.co.us. Indicate Spud Notice in the subject line and provide the following information: Operator Name, Well Name and Number, API #, Spud Date, Contact Name, Contact Phone #, Email Address. Submit Form 42 electronically after April 1 for spud notice.
- 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
2531965	EXCEPTION LOC WAIVERS
2531966	PROPOSED SPACING UNIT
2531974	EXCEPTION LOC REQUEST
400246496	FORM 2 SUBMITTED
400247323	PLAT
400248208	DEVIATED DRILLING PLAN
400248215	MULTI-WELL PLAN
400248216	30 DAY NOTICE LETTER
400248480	PROPOSED SPACING UNIT
400248831	DIRECTIONAL DATA

Total Attach: 10 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	No LGD or public comment received; final review completed.	3/12/2012 11:47:15 AM
Permit	Updated permit with frac monitor BMP per M. Pobuda	3/5/2012 1:51:15 PM
Permit	Updated permit with exception loc request letter.	2/28/2012 9:28:08 AM
Permit	Updated permit with spacing unit letter.	2/24/2012 3:30:09 PM
Permit	Updated permit with new waiver.	2/24/2012 3:20:45 PM
Permit	Permit is missing proposed wellbore spacing 30 day cert letter as described in rule 318A(I)e(6). This letter is part of the proposed wellbore spacing unit attachments.	2/7/2012 7:01:47 AM
Permit	Also need exception request letter for 318Aa and exception request letter for exception to 318Ac, twining existing wells in the drilling windows. Waivers should include a twinning waiver (318Ac)	2/7/2012 6:35:17 AM
Permit	On hold - Operator must consent to frac monitoring BMP or have COA added to the permit.	2/7/2012 6:27:58 AM

Total: 8 comment(s)

## **BMP**

<b><u>Type</u></b>	<b><u>Comment</u></b>
Final Reclamation	<p>Best Management Practice for a Horizontal Wellbore Fracturing Stimulation</p> <ol style="list-style-type: none"><li>1. At least seven (7) days prior to fracture stimulation, the operator is to notify all operators of non-operated wells within 300 feet of the wellbore to be fracture stimulated of the anticipated date stimulation date and the recommended best management practice to shut-in all wells within 300' of the stimulated wellbore completed in the same formation.</li><li>2. The operator will monitor the bradenhead pressure of all wells within 300 feet of the well to be fracture stimulated.</li><li>3. Bradenhead pressure gauges are to be installed 24 hours prior to stimulation. The gauges are to read at least once during every 24-hour period until 24-hours after stimulation is completed (post flowback). The gauges are to be of the type able to read current pressure and record the maximum encountered pressure in a 24-hour period. The gauge is to be reset between each 24-hour period. The pressures are to be recorded and saved. Alternate electronic measurement may be used to record the prescribed pressures. Data shall be kept for a period of one year.</li><li>4. If at any time during stimulation or the 24-hour post-stimulation period, the bradenhead annulus pressure of the treatment well or offset wells increases more than 200 psig, as per Rule 341, the operator of the well being stimulated shall verbally notify the Director as soon as practicable, but no later than twenty-four (24) hours following the incident. Within fifteen (15) days after the occurrence, the operator shall submit a Sundry Notice, Form 4, giving all details, including corrective actions taken.</li></ol>

Total: 1 comment(s)