

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:

400261974

Date Received:

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

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: BRADY RILEY Phone: (303)312-8115 Fax: (303)291-0420

Email: BRILEY@BILLBARRETTCORP.COM

7. Well Name: Gray Well Number: 14N-15-37-17

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

9. Proposed Total Measured Depth: 9808

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 15 Twp: 37n Rng: 17w Meridian: N

Latitude: 37.457370 Longitude: -108.712390

Footage at Surface: 300 feet FNL/FSL FSL 1980 feet FEL/FWL FWL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 6692 13. County: MONTEZUMA

14. GPS Data:

Date of Measurement: 12/02/2009 PDOP Reading: 1.7 Instrument Operator's Name: T. BARBEE

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

Footage at Top of Prod Zone: FNL/FSL 777 FSL 1982 FWL _____ Bottom Hole: FNL/FSL 660 FNL 1980 FWL _____
Sec: 15 Twp: 37N Rng: 17W Sec: 15 Twp: 37N Rng: 17W

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: 290 ft

18. Distance to nearest property line: 300 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1337 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.)
Gothic	gosh			

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):

The W/2 of Sec. 15, T37N-R17W is pooled and a pooling declaration is attached. The mineral lease description and acreage number are based on the pooled area.

25. Distance to Nearest Mineral Lease Line: 660 ft 26. Total Acres in Lease: 320

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
CONDUCTOR	26	16	65	0	80		80	0
SURF	12+1/4	9+5/8	36	0	2,000	760	2,000	0
1ST	8+3/4	7	26	0	5,968	800	5,968	0
OPEN HOLE	6+1/8	4+1/2	11.6	0	9,808	0	0	0

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

33. Comments This APD is being submitted to request an extension to the permit. APD is updated with new casing and cementing program that was sundried (see attached). Nothing else has been changed since last reviewed/approved. Rule 305/306 consultations were waived.

34. Location ID: 417041

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: BRADY RILEY

Title: PERMIT ANALYST Date: _____ Email: BRILEY@BILLBARRETTCORP

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

05 083 06682 00

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
400261979	OTHER
400261980	DEVIATED DRILLING PLAN
400261981	WAIVERS
400261982	TOPO MAP
400261984	WELL LOCATION PLAT
400261993	SURFACE AGRMT/SURETY

Total Attach: 6 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)