

FORM
2

Rev
12/05

State of Colorado Oil and Gas Conservation Commission

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Document Number:

400292441

Date Received:

06/05/2012

PluggingBond SuretyID

20040105

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: BERRY PETROLEUM COMPANY

4. COGCC Operator Number: 10091

5. Address: 1999 BROADWAY STE 3700

City: DENVER State: CO Zip: 80202

6. Contact Name: HEIDI BANG Phone: (303)999-4262 Fax: (303)999-4362

Email: HSB@BRY.COM

7. Well Name: CHEVRON Well Number: 5-7D

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

9. Proposed Total Measured Depth: 10325

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 5 Twp: 6S Rng: 96W Meridian: 6

Latitude: 39.556593 Longitude: -108.136008

Footage at Surface: 2847 feet FNL/FSL FNL 1200 feet FEL/FWL FWL

11. Field Name: GRAND VALLEY Field Number: 31290

12. Ground Elevation: 8218 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 05/29/2007 PDOP Reading: 2.0 Instrument Operator's Name: ROBERT WOOD

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

Footage at Top of Prod Zone: FNL/FSL 2850 FNL 1980 FWL 2850 FNL 1980 FWL
Bottom Hole: FNL/FSL 2850 FNL 1980 FWL
Sec: 5 Twp: 6S Rng: 96W Sec: 5 Twp: 6S Rng: 96W

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: 1 mi

18. Distance to nearest property line: 1660 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 313 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.)
WILLIAMS FORK	WMFK	510-40	337	LOTS 5-12

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 mineral lease is attached to original APD and to this refile as well. (Lease #1)

25. Distance to Nearest Mineral Lease Line: 666 ft 26. Total Acres in Lease: 2860

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	30	20	55	0	90	100	90	0
SURF	16	9+5/8	36	90	2,000	1,000	2,000	0
1ST	8+3/4	4+1/2	11.6	2000	10,325	600	10,325	6,500

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

33. Comments I certify there has been no changes in Land use, lease description (except for string information) No rig on site. Pad has been built.

34. Location ID: 336000

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: HEIDI BANG

Title: REG COMPLIANCE ASST Date: 6/5/2012 Email: HSB@BRY.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

05 045 16120 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
400292441	FORM 2 SUBMITTED
400292448	LEASE MAP

Total Attach: 2 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)