

**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: 70 Ranch      Well Number: 5-63-27-33H  
8. Unit Name (if appl): \_\_\_\_\_      Unit Number: \_\_\_\_\_  
9. Proposed Total Measured Depth: 10643

**WELL LOCATION INFORMATION**

10. QtrQtr: NESE      Sec: 27      Twp: 5N      Rng: 63W      Meridian: 6  
Latitude: 40.368620      Longitude: -104.413170  
Footage at Surface: \_\_\_\_\_ feet      FNL/FSL \_\_\_\_\_ feet      FEL/FWL \_\_\_\_\_ feet  
1991      FSL      165      FEL  
11. Field Name: Wattenberg      Field Number: 90750  
12. Ground Elevation: 4595      13. County: WELD

14. GPS Data:  
Date of Measurement: 10/25/2011      PDOP Reading: 2.6      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 \_\_\_\_\_  
2200      FSL      600      FEL      2200      FSL      600      FWL  
Sec: 27      Twp: 5N      Rng: 63W      Sec: 27      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: 221 ft  
18. Distance to nearest property line: 165 ft      19. Distance to nearest well permitted/completed in the same formation(BHL): 277 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		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#: 20040097  
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):

T5N-R63W SEC 27: NW/4, SE/4, N/2SW/4, S/2SW/4; T5N-R63W SEC 23: NW/4, SE/4

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 800

### 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
SURF	13+1/2	9+5/8	36	0	1,500	740	1,500	0
1ST	8+3/4	7	26	0	6,391	510	6,391	1,300
1ST LINER	6+1/8	4+1/2	11.6	6391	10,643		10,643	

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

33. Comments Conductor casing will not be set. Derrick Height is 142'. Distance to mineral lease line reflects the proposed spacing unit. Proposed spacing unit is the S/2N/2 and the N/2S/2

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: 4/19/2012 Email: mpobuda@billbarrettcorp.com

Operator must have a valid water right or permit allowing for industrial use or purchased water from a seller that has a valid water right or permit allowing for industrial use, otherwise an application for a change in type of use is required under Colorado law. Operator must also use the water in the location set forth in the water right decree or well permit, otherwise an application for a change in place of use is required under Colorado law. Section 37-92-103(5), C.R.S. (2011).

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: 6/8/2012

API NUMBER: 05 123 35746 00 Permit Number: \_\_\_\_\_ Expiration Date: 6/7/2014

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 prior to spud via electronic Form 42.
- 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
2332708	SURFACE CASING CHECK
2532489	EXCEPTION LOC WAIVERS
2532492	EXCEPTION LOC REQUEST
2532496	PROPOSED SPACING UNIT
2532502	30 DAY NOTICE LETTER
2532521	LEASE MAP
400251555	FORM 2 SUBMITTED
400251560	WELL LOCATION PLAT
400273732	DEVIATED DRILLING PLAN
400273735	DIRECTIONAL DATA
400274383	PROPOSED SPACING UNIT

Total Attach: 11 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Final review completed; no LGD or public comment received.	3/6/2012 3:14:00 PM
Permit	Operator added lease map.	3/6/2012 3:12:20 PM
Permit	On hold - waiting on lease clarification.	3/6/2012 8:09:30 AM
Permit	Updated permit with proposed spacing unit 30 day cert. letter.	3/6/2012 6:53:48 AM
Permit	Wellhead is to be located outside of a GWA drilling window and will be located more than 50' from an existing well location. Operator requests an exception location to 318Aa, 318Ac: Exception request and waiver attached.	3/6/2012 6:18:19 AM
Permit	Well is less than 300 feet from existing wells. Operator has provided a frac monitoring BMP.	4/20/2012 10:27:14 AM
Permit	On hold - Well is outside the 318Aa drilling windows. Surface owner approval is required.	4/20/2012 9:53:33 AM
Permit	On hold - Waiting on 30 day cert. letter for proposed spacing unit.	4/20/2012 9:50:18 AM
Permit	The distance to the lease line is actually 417 feet as measured from the NE/4.	4/20/2012 9:48:14 AM

Total: 9 comment(s)

## BMP

<u>Type</u>	<u>Comment</u>
Drilling/Completion Operations	<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)