

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



DE ET OE ES

Document Number:

1757309

Plugging Bond Surety

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE Refiling Sidetrack 3. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP 4. COGCC Operator Number: 471205. Address: P O BOX 173779City: DENVER State: CO Zip: 80217-37796. Contact Name: CHERYLLIGHT Phone: (720)929-6461 Fax: (720)929-7461Email: CHERYLLIGHT@ANADARKO.COM7. Well Name: BURCHFIELD Well Number: 21-21

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

9. Proposed Total Measured Depth: 7314

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 21 Twp: 3N Rng: 67W Meridian: 6Latitude: 40.215700 Longitude: -104.899220Footage at Surface: 1056 FNL/FSL FNL 1515 FEL/FWL FWL11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 4775 13. County: WELD

14. GPS Data:

Date of Measurement: 03/06/2009 PDOP Reading: 6.0 Instrument Operator's Name: DANIEL J. CORRIELL15. 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

1340 FNL 2495 FWL 1340 FNL 2495 FWLSec: 21 Twp: 3N Rng: 67W Sec: 21 Twp: 3N Rng: 67W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 215018. Distance to nearest property line: 936 19. Distance to nearest well permitted/completed in the same formation: 689

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.)
NIORARA-CODELL	NB-CD	407-87	160	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 Bon \$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):
SEE ATTACHED LEASE DATED FEBRUARY 16, 1977

25. Distance to Nearest Mineral Lease Line: _____ 100 _____ 26. Total Acres in Lease: _____ 301 _____

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 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

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	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24	840	455	840	0
1ST	7+7/8	4+1/2	11.6	7,314	200	7,314	

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

33. Comments NO CONDUCTOR CASING WILL BE USED.

34. Location ID: 319489

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: CHERYL LIGHT

Title: SR REGULATORY Date: 7/10/2009 Email: CHERYL.LIGHT@ANADARKO.

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: David S. Neslin Director of COGCC Date: 8/11/2009

Permit Number: _____ Expiration Date: 8/11/2010

API NUMBER
05 123 30579 00

CONDITIONS OF APPROVAL, IF ANY: _____

Condition of Approval

Comment	User Name	Comment Date
Agency		
1) Note surface casing setting depth change from 650' to 840'. Increase cement coverage accordingly and cement to surface. 2) Provide 24 hour notice of MIRU to Jim Precup at 303-469-1902 or e-mail at james.precup@state.co.us 3) Comply with Rule 317.i and provide cement coverage from TD to a minimum of 200' above Niobrara. Verify coverage with cement bond log. 4) Comply with Rule 321. 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.		07/14/2009

Attachment Check List

Att Doc Num	Name	Doc Description	Op. Check	File Size
1757309	APD ORIG & 1 COPY	LF@2094539 1757309	Y	
1757310	WELL LOCATION PLAT	LF@2094541 1757310	Y	
1757311	LOCATION DRAWING	LF@2094532 1757311	Y	
1757312	TOPO MAP	LF@2094543 1757312	Y	
1757313	DEVIATED DRILLING PLAN	LF@2094545 1757313	Y	
1757315	OIL & GAS LEASE	LF@2094547 1757315	Y	
1757316	PROPOSED SPACING UNIT	LF@2094549 1757316	Y	

Total Attach: 7 Files