

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



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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

Document Number:
40001626
Plugging Bond Surety
20010124

3. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP 4. COGCC Operator Number: 47120

5. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-3779

6. Contact Name: CherylLight Phone: (720)929-6461 Fax: (720)929-7461
Email: Cheryl.Light@anadarko.com

7. Well Name: MILLER Well Number: 21-29

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

9. Proposed Total Measured Depth: 7647

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 29 Twp: 3N Rng: 66W Meridian: 6
Latitude: 40.201070 Longitude: -104.798790

Footage at Surface: 732 FNL/FSL FNL 2010 FEL/FWL FEL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4904 13. County: WELD

14. GPS Data:

Date of Measurement: 03/06/2009 PDOP Reading: 6.0 Instrument Operator's Name: TRAVIS KRAICHL

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

Footage at Top of Prod Zone: FNL/FSL 1400 FNL 2600 FEL 1400 FEL/FWL 2600 FEL
Sec: 29 Twp: 3N Rng: 66W Sec: 29 Twp: 3N Rng: 66W

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: 715

18. Distance to nearest property line: 675 19. Distance to nearest well permitted/completed in the same formation: 839

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-Codell	NB-CD	407-87	160	GWA
Niobrara/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 cope of lease dated July 30, 1970

25. Distance to Nearest Mineral Lease Line: 80 26. Total Acres in Lease: 5719

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	950	665	950	
1ST	7+7/8	4+1/2	11.6	7,647	200	7,647	
1ST LINER							

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

33. Comments NO CONDUCTOR CASING WILL BE USED. TWINNING PROPOSED MILLER 27-29

34. Location ID: 327409

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: Senior Regulatory Analyst Date: 7/22/2009 Email: cheryl.light@anadarko.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: *David S. Neslin* Director of COGCC Date: 9/29/2009

Permit Number: _____ Expiration Date: 9/28/2010

API NUMBER
05 123 30632 00

CONDITIONS OF APPROVAL, IF ANY: _____

Condition of Approval

Comment

Agency

1) Provide 24 hour notice of MIRU to Jim Precup at 303-469-1902 or e-mail at james.precup@state.co.us 2) Comply with Rule 317.i and provide cement coverage from TD to a minimum of 200' above Niobrara. Verify coverage with cement bond log. 3) 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.

Attachment Check List

Att Doc Num	Name	Doc Description
1769099	SURFACE CASING CHECK	LF@2123296 1769099
400001667	PROPOSED SPACING UNIT	LF@2115106 400001667
400001722	DRILLING PLAN	LF@2115107 400001722
400001723	OIL & GAS LEASE	LF@2115108 400001723
400001724	30 DAY NOTICE LETTER	LF@2115109 400001724
400001725	WELL LOCATION PLAT	LF@2115110 400001725
400001726	SURFACE AGRMT/SURETY	LF@2115111 400001726
400001727	TOPO MAP	LF@2115112 400001727
400001728	MULTI-WELL PLAN	LF@2115113 400001728

Total Attach: 9 Files