

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
----	----	----	----

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 ☐

Refilling ☐
Sidetrack ☐

Document Number:

1757759

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: NELSON Well Number: 30-35

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

9. Proposed Total Measured Depth: 8623

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 35 Twp: 2N Rng: 68W Meridian: 6

Latitude: 40.098060 Longitude: -104.974530

Footage at Surface: 1535 FNL/FSL FNL 1499 FEL/FWL FWL

11. Field Name: SPINDLE Field Number: 77900

12. Ground Elevation: 4959 13. County: WELD

14. GPS Data:

Date of Measurement: 04/08/2009 PDOP Reading: 6.0 Instrument Operator's Name: DANIEL J. CORRIELL

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

Footage at Top of Prod Zone: FNL/FSL 60 FNL 100 FWL FWL Bottom Hole: FNL/FSL 60 FNL 100 FWL FWL
Sec: 35 Twp: 2N Rng: 68W Sec: 35 Twp: 2N Rng: 68W

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: 1499

18. Distance to nearest property line: 1499 19. Distance to nearest well permitted/completed in the same formation: 820

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.)
J SAND	JSND		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):
T2N-R68W-35: ALL

25. Distance to Nearest Mineral Lease Line: _____ 60 _____ 26. Total Acres in Lease: _____ 640 _____

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	850	595	850	0
1ST	7+7/8	4+1/2	11.6	8,623	200	8,623	

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

33. Comments NO CONDUCTOR CASING WILL BE USED. TWINNING PROPOSED NELSON 4-35, 5-35 AND THE EXISTING LANSONS FARM /NAV/ #4

34. Location ID: 327855

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 ANALYST Date: 7/20/2009 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: 9/30/2009

API NUMBER

05 123 30650 00

Permit Number: _____ Expiration Date: 9/29/2010

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 and from 200' below Shannon to 200' above Sussex. 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
1757759	APD ORIG & 1 COPY	LF@2104935 1757759
1757760	WELL LOCATION PLAT	LF@2104937 1757760
1757761	TOPO MAP	LF@2104939 1757761
1757762	LOCATION DRAWING	LF@2105024 1757762
1757763	DEVIATED DRILLING PLAN	LF@2104941 1757763
1757764	30 DAY NOTICE LETTER	LF@2104943 1757764
1757765	DEVIATED DRILLING PLAN	LF@2104945 1757765
1757766	PROPOSED SPACING UNIT	LF@2104947 1757766
1769112	SURFACE CASING CHECK	LF@2123280 1769112

Total Attach: 9 Files