

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 ☒

Refilling ☐  
Sidetrack ☐

Document Number:

1691818

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)929-6000 Fax: (720)929-7461  
Email: CHERYL.LIGHT@ANADARKO.COM

7. Well Name: HSR STATE Well Number: 6-16

8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 8669

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 16 Twp: 1S Rng: 67W Meridian: 6

Latitude: 39.968369 Longitude: -104.898508

Footage at Surface: 1303 FNL/FSL FNL 1327 FEL/FWL FWL

11. Field Name: SPINDLE Field Number: 77900

12. Ground Elevation: 5150 13. County: ADAMS

14. GPS Data:

Date of Measurement: 03/24/2009 PDOP Reading: 2.1 Instrument Operator's Name: CODY MATTSON

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 \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

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: 1327

18. Distance to nearest property line: 510 19. Distance to nearest well permitted/completed in the same formation: 1361

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	NW4

21. Mineral Ownership: ☐ Fee ☒ State ☐ Federal ☐ Indian Lease #: 70/8159S

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):  
T1S-R67W-SEC. 16: ALL

25. Distance to Nearest Mineral Lease Line: 1303 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	1,171	820	1,171	12
1ST	7+7/8	4+1/2	11.6	8,666	500	8,666	4,850

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

33. Comments \_\_\_\_\_

34. Location ID: 320486

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: Y Print Name: CHERYL LIGHT

Title: SR REGULATORY ANLYST Date: 8/24/2009 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: 10/21/2009

**API NUMBER**

05 001 09439 00

Permit Number: \_\_\_\_\_ Expiration Date: 10/20/2010

**CONDITIONS OF APPROVAL, IF ANY:**

### **Condition of Approval**

Comment

Agency

Prior to recompletion, operator must: 1) Provide 24 hour notice of MIRU to Jim Precup at 303-469-1902 or e-mail at jim.precup@state.co.us. 2) Upon well recompletion operator shall file a COGCC Form 5A.

### **Attachment Check List**

Att Doc Num	Name	Doc Description
1691818	APD ORIGINAL	LF@2130657 1691818
1691819	30 DAY NOTICE LETTER	LF@2130658 1691819
1691820	SURFACE AGRMT/SURETY	LF@2130659 1691820
1940580	SURFACE CASING CHECK	LF@2142736 1940580

Total Attach: 4 Files