

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:
400002586
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: NORTON Well Number: 30-29

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

9. Proposed Total Measured Depth: 7736

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 29 Twp: 3N Rng: 66W Meridian: 6
Latitude: 40.199910 Longitude: -104.807020

Footage at Surface: 1132 FNL/FSL FNL 997 FEL/FWL FWL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 4863 13. County: WELD

14. GPS Data:

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

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

Footage at Top of Prod Zone: FNL/FSL 50 FNL 50 FWL 50 FNL 50 FWL 50 FWL
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: 720

18. Distance to nearest property line: 997 19. Distance to nearest well permitted/completed in the same formation: 795

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.)
Codell/Niobrara	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):
 NW/4 Section 29: E/2E/2 Section 30: T3N, R66W

25. Distance to Nearest Mineral Lease Line: _____ 50 _____ 26. Total Acres in Lease: _____ 320 _____

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	7,736	200	7,736	

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

33. Comments No conductor casing will be used

34. Location ID: 319432

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: 8/13/2009 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. Nashin Director of COGCC Date: 10/14/2009

API NUMBER
 05 123 30699 00

Permit Number: _____ Expiration Date: 10/13/2010

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 Sussex 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
1769128	SURFACE CASING CHECK	LF@2138475 1769128
400002591	DRILLING PLAN	Norton 30-29 Directional 07-13-09.pdf
400002592	30 DAY NOTICE LETTER	NORTON 30-29 NOTICE LETTER.pdf
400002594	WELL LOCATION PLAT	NORTON 30-29 PLAT.pdf
400002596	TOPO MAP	NORTON 30-29 TOPO.pdf
400002645	PROPOSED SPACING UNIT	Norton 30-29 SPACING MAPS.pdf
400002720	OIL & GAS LEASE	NORTON 30-29 O&G LEASE.pdf
400002964	MULTI-WELL PLAN	NORTON 3 PAD 3N66W29.pdf
400002967	SURFACE AGRMT/SURETY	NORTON 30-29 SUA.pdf

Total Attach: 9 Files