

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:

1759670

Plugging Bond Surety

20010124

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: CHERYL LIGHT Phone: (720)929-6461 Fax: (720)929-7461Email: CHERYL.LIGHT@ANADARKO.COM7. Well Name: ROBERT Well Number: 18-14

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

9. Proposed Total Measured Depth: 7940

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 14 Twp: 4N Rng: 66W Meridian: 6Latitude: 40.317390 Longitude: -104.746910Footage at Surface: 644 FNL/FSL FSL 1982 FEL/FWL FWL11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 4723 13. County: WELD

14. GPS Data:

Date of Measurement: 05/28/2007 PDOP Reading: 2.0 Instrument Operator's Name: CHRIS PEARSON15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 1310 FNL 1450 FWL 1310 FNL 1450 FWL
Bottom Hole: FNL/FSL 1310 FNL 1450 FWL
Sec: 14 Twp: 4N Rng: 66W Sec: 14 Twp: 4N Rng: 66W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 644 ft18. Distance to nearest property line: 476 ft 19. Distance to nearest well permitted/completed in the same formation: 840 ft

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	232	320	N2

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):
 N/2SE/4, SE/4SE/4, SEC. 10; NW/4NW/4 AND THE W. 10 ACRES OF THE NE/4NW/4; T4N-R66W

25. Distance to Nearest Mineral Lease Line: _____ 12 ft _____ 26. Total Acres in Lease: _____ 170 _____

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	550	390	550	0
1ST	7+7/8	4+1/2	11.6	7,950	660	7,950	3,982

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

33. Comments _____

34. Location ID: 336646

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: REGULATORY Date: _____ 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: _____ Director of COGCC Date: _____

API NUMBER 05 123 24822 00	Permit Number: _____ Expiration Date: _____
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CONDITIONS OF APPROVAL, IF ANY: _____

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
1759670	APD ORIGINAL	LF@2175586 1759670
1759673	30 DAY NOTICE LETTER	LF@2175587 1759673

Total Attach: 2 Files