

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:

400007025

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)929-6461Email: cheryl.light@anadarko.com7. Well Name: STATE Well Number: 26-16

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

9. Proposed Total Measured Depth: 9241

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 16 Twp: 1N Rng: 68W Meridian: 6Latitude: 40.057470 Longitude: -105.009240Footage at Surface: 332 FNL/FSL FNL 2503 FEL/FWL FWL11. Field Name: Wattenberg Field Number: 9075012. Ground Elevation: 5136 13. County: WELD

14. GPS Data:

Date of Measurement: 08/20/2009 PDOP Reading: 6.0 Instrument Operator's Name: Travis Kraich15. 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

50 FNL 50 FEL 50 FNL 50 FELSec: 16 Twp: 1N Rng: 68W Sec: 16 Twp: 1N Rng: 68W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 200 ft18. Distance to nearest property line: 151 ft 19. Distance to nearest well permitted/completed in the same formation: 1826 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		160	10: SWSW 16: NENE
Niobrara/Codell	NB-CD	407-87	160	10: SWSW 16: NENE

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):
T1N-R68W-SEC 16: ALL

25. Distance to Nearest Mineral Lease Line: 50 ft 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	1,020	714	1,020	
1ST	7+7/8	4+1/2	11.6	9,241	200	9,241	

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

33. Comments No conductor casing will be used

34. Location ID: _____

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: _____ 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: _____ Director of COGCC Date: _____

API NUMBER	Permit Number: _____	Expiration Date: _____
05	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 in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
400007027	MULTI-WELL PLAN	STATE 5 PAD 1N68W16.pdf
400007028	DRILLING PLAN	STATE 26-16 DIRECTIONAL.pdf
400007029	WELL LOCATION PLAT	STATE 26-16 PLAT.pdf
400007031	TOPO MAP	STATE 26-16 Topo.pdf
400007032	30 DAY NOTICE LETTER	STATE NOTICE LETTER.pdf
400007973	PROPOSED SPACING UNIT	STATE 26-16 SPACING MAP.pdf
400014042	WAIVERS	STATE TWIN & EXCEPT WAIVER.pdf

Total Attach: 7 Files