

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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Document Number:
400010551
Plugging Bond Surety
20040071

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

3. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION 4. COGCC Operator Number: 10079
 5. Address: 1625 17TH ST STE 300
 City: DENVER State: CO Zip: 80202
 6. Contact Name: Hannah Knopping Phone: (303)357-6412 Fax: (303)357-7315
 Email: hknopping@anteroresources.com
 7. Well Name: Burckle Well Number: A6
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 8879

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 16 Twp: 6S Rng: 92W Meridian: 6
 Latitude: 39.525276 Longitude: -107.670319
 Footage at Surface: 2057 FNL/FSL FSL 2213 FEL/FWL FEL
 11. Field Name: Mamm Creek Field Number: 52500
 12. Ground Elevation: 5559 13. County: GARFIELD

14. GPS Data:
Date of Measurement: 12/15/2006 PDOP Reading: 1.3 Instrument Operator's Name: Scott E. Aibner

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 _____
1495 FNL 2152 FEL 1495 FNL 2152 FEL
 Sec: 16 Twp: 6S Rng: 92W Sec: 16 Twp: 6S Rng: 92W

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: 701
 18. Distance to nearest property line: 435 19. Distance to nearest well permitted/completed in the same formation: 292

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.)
Iles	ILES	191-34	40	SW/4NE/4
Williams Fork	WMFK	191-34	40	SW/4NE/4

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):
See "Plat 4" and Exhibit A -SWNE, Sec 16 T6S R92W

25. Distance to Nearest Mineral Lease Line: _____ 200 _____ 26. Total Acres in Lease: _____ 39 _____

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: Closed Loop:Grfld Cty Lndfl

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
CONDUCTOR	24	16	55#	50	148	50	0
1ST	12+1/4	8+5/8	24#	900	381	900	0
2ND	7+7/8	5+1/2	17#	8,879	798	8,879	4,399

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

33. Comments I certify that all conditions in the original permit are the same. No changes to land use, well construction, or lease. Pad is built. No expansion or additional disturbance will occur. Closed Loop system will be used.

34. Location ID: 335540

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: Hannah Knopping

Title: Permit Representative Date: _____ Email: hknopping@anteroresources.co

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 05 045 16990 00	Permit Number: _____	Expiration Date: _____
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CONDITIONS OF APPROVAL, IF ANY: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400012661	30 DAY NOTICE LETTER	Burckle 'A' pad 305-306 waiver letter sent 5-28-09.pdf

Total Attach: 1 Files