

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:

400011938

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: 100795. Address: 1625 17TH ST STE 300City: DENVER State: CO Zip: 802026. Contact Name: Hannah Knopping Phone: (303)357-6412 Fax: (303)357-7315Email: hknopping@anteroresources.com7. Well Name: Gentry Well Number: B4

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

9. Proposed Total Measured Depth: 8739

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 17 Twp: 6S Rng: 92W Meridian: 6Latitude: 39.528347 Longitude: -107.693923Footage at Surface: 2015 FNL/FSL FNL 1710 FEL/FWL FWL11. Field Name: Mamm Creek Field Number: 5250012. Ground Elevation: 5624 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 01/19/2007 PDOP Reading: 1.2 Instrument Operator's Name: Scott E. Aibner15. 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 _____

2454 FNL 1996 FWL 2454 FNL 1996 FWLSec: 17 Twp: 6S Rng: 92W Sec: 17 Twp: 6S Rng: 92W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 68818. Distance to nearest property line: 192 19. Distance to nearest well permitted/completed in the same formation: 384

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.)
Iles	ILES	191-25	320	N/2
Williams Fork	WMFK	191-24	320	N/2

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 Lease Map (previously attached).

25. Distance to Nearest Mineral Lease Line: 670 26. Total Acres in Lease: 367

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#	8,739	774	8,739	4,439

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

33. Comments I certify that all conditions from previous permit are the same except corrected #18. 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: 335549

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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05 045 13883 00

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num	Name	Doc Description
400012844	30 DAY NOTICE LETTER	Gentry B Pad 305-306 30 Day Notice Letter (sent 6-10-09).pdf

Total Attach: 1 Files