

FORM

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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:

400012758

Plugging Bond Surety

20040071

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: Ashlie Mihalcin Phone: (303)357-7323 Fax: (303)357-7315Email: amihalcin@anteroresources.com7. Well Name: Island Park Well Number: B5

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

9. Proposed Total Measured Depth: 9064

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 7 Twp: 6S Rng: 92W Meridian: 6Latitude: 39.540832 Longitude: -107.700944Footage at Surface: 2552 FNL/FSL FSL 225 FEL/FWL FEL11. Field Name: Mamm Creek Field Number: 5250012. Ground Elevation: 5376.5 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 10/21/2006 PDOP Reading: 1.2 Instrument Operator's Name: Samuel D. Phelps15. 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 _____

2607 FNL 1740 FEL 2607 FNL 1740 FELSec: 7 Twp: 6S Rng: 92W Sec: 7 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: 303518. Distance to nearest property line: 225 19. Distance to nearest well permitted/completed in the same formation: 379

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		
Williams Fork	WMFK	510-16		

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):
 Sec 7 T6S R92W - See lease map

25. Distance to Nearest Mineral Lease Line: _____ 698 _____ 26. Total Acres in Lease: _____ 195 _____

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	14+3/4	13+3/8	54.50#	200	71	200	0
SURF	12+1/4	8+5/8	24#	910	381	910	0
3RD	7+7/8	5+1/2	17#	9,064	745	9,064	4,864

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. There have been no changes to land use, well construction or the lease. This pad is built. No expansion/additional disturbance will occur. Closed Loop system will be used.

34. Location ID: 336025

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: Ashlie Mihalcin

Title: Permit Representative Date: _____ Email: amihalcin@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 13577 00

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num	Name	Doc Description
400013851	30 DAY NOTICE LETTER	Island Park B 305-306 Waiver sent 6-19-09.pdf
400013852	WAIVERS	Island Park B-305-306 Waiver signed 6-25-09.pdf

Total Attach: 2 Files