

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:

1790686

Plugging Bond Surety

20040060

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: BARRETT CORPORATION* BILL4. COGCC Operator Number: 100715. Address: 1099 18TH ST STE 2300City: DENVER State: CO Zip: 802026. Contact Name: MATT BARBER Phone: (303)312-8168 Fax: (303)291-0420Email: MBARBER@BILLBARRETTCORP.COM7. Well Name: JOLLEY Well Number: 21B-20-691

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

9. Proposed Total Measured Depth: 7588

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 20 Twp: 6S Rng: 91W Meridian: 6Latitude: 39.517449 Longitude: -107.582575

FNL/FSL

FEL/FWL

Footage at Surface: 1101 FNL 1437 FWL11. Field Name: MAMM CREEK Field Number: 5250012. Ground Elevation: 6320.6 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 08/27/2009 PDOP Reading: 2.0 Instrument Operator's Name: D. SLAUGH15. 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
<u>857</u>	<u>FNL</u>	<u>1990</u>	<u>857</u>	<u>FNL</u>	<u>1990</u>
		<u>FWL</u>			<u>FWL</u>
Sec: <u>20</u>	Twp: <u>6S</u>	Rng: <u>91W</u>	Sec: <u>20</u>	Twp: <u>6S</u>	Rng: <u>91W</u>

16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 1909 ft18. Distance to nearest property line: 106 ft 19. Distance to nearest well permitted/completed in the same formation: 326 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.)
ILES	ILES	191-10	320	N/2
WILLIAMS FORK	WMFK	191-8	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):
N/2NE/4,SE/4NE/4,NE/4NW/4,E/2SE/4,SEC:20;W/2W/2/SW/4,SEC.21,T6S,R91W

25. Distance to Nearest Mineral Lease Line: 455 ft 26. Total Acres in Lease: 280

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: EVAPORATION & BACKFIL

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	26	16	42	40		40	
SURF	12+1/4	9+5/8	36	800	250	800	
1ST	8+3/4	4+1/2	11.6	7,588	620	7,588	

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

33. Comments THERE ARE NO VISIBLE IMPROVEMENTS WITHIN 400' OF THIS LOCATION. THIS IS LOCATED WITHIN AN AREA COVERED BY COMMUNITIZATION AGREEMENT COC 070803. RULE 305/306 CONSULTATION WAIVED, SEE MEMORANDUM OF SUA. JOLLEY FED (MDP12) LOCATION ASSESSMENT FORM 2A SUBMITTED TO COGCC ON 9-15/09

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: MATT BARBER

Title: PERMIT ANALYST Date: 10/6/2009 Email: MBARBER@BILLBARRETTCO

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

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
1790686	APD ORIG & 1 COPY	LF@2157329 1790686
1790687	WELL LOCATION PLAT	LF@2157330 1790687
1790688	ACCESS ROAD MAP	LF@2157313 1790688
1790689	MINERAL LEASE MAP	LF@2157332 1790689
1790690	SURFACE AGRMT/SURETY	LF@2157333 1790690
1790691	DEVIATED DRILLING PLAN	LF@2157334 1790691
2097555	MULTI-WELL PLAN	LF@2157331 2097555
400017126	SURFACE AGRMT/SURETY	Jolley Federal Pad - Sec 20 T6S-R91W Revised SUA.pdf

Total Attach: 8 Files