

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:

400006436

Plugging Bond Surety

200100124

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: KERR-MCGEE OIL & GAS ONSHORE LP 4. COGCC Operator Number: 47120

5. Address: P O BOX 173779

City: DENVER State: CO Zip: 80217-3779

6. Contact Name: Cheryl Light Phone: (720)929-6461 Fax: (720)929-7461

Email: Cheryl.Light@anadarko.com

7. Well Name: TALON VIEW Well Number: 11-9

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

9. Proposed Total Measured Depth: 8866

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 9 Twp: 1S Rng: 67W Meridian: 6

Latitude: 39.982210 Longitude: -104.898590

Footage at Surface: 1529 FNL/FSL FNL 1321 FEL/FWL FWL

11. Field Name: Spindle Field Number: 77900

12. Ground Elevation: 5156 13. County: ADAMS

14. GPS Data:

Date of Measurement: 07/09/2009 PDOP Reading: 2.2 Instrument Operator's Name: Travis Kraich

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 _____

1980 FSL 1980 FWL 1980 FSL 1980 FWL

Sec: 9 Twp: 1S Rng: 67W Sec: 9 Twp: 1S Rng: 67W

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: 866 ft

18. Distance to nearest property line: 642 ft 19. Distance to nearest well permitted/completed in the same formation: 1303 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	232	320	W/2
Niobrara/Codell	NBCD	407	80	E2SW

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 Lease Attached (Christiansen)

25. Distance to Nearest Mineral Lease Line: _____ 80 ft _____ 26. Total Acres in Lease: _____ 160 _____

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	1,300	910	1,300	
1ST	7+7/8	4+1/2	11.6	8,866	200	8,866	

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 stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
400006440	MULTI-WELL PLAN	TALON VIEW 7 PAD 1S67W9.pdf
400006441	DRILLING PLAN	TALON VIEW 11-9 DIRECTIONAL.pdf
400006442	WELL LOCATION PLAT	TALON VIEW 11-9 PLAT.pdf
400006443	TOPO MAP	TALON VIEW 11-9 Topo.pdf
400006445	WAIVERS	TALON VIEW TWINNING WAIVER.pdf
400018759	SURFACE AGRMT/SURETY	TALON VIEW SUA.pdf
400018763	30 DAY NOTICE LETTER	TALON VIEW NOTICE LETTER.pdf
400018764	OIL & GAS LEASE	TALON VIEW 11-9 LEASE.pdf

Total Attach: 8 Files