

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:

400019188

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: BAT Well Number: 24C-17-07-95

8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 6578

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 17 Twp: 7S Rng: 95W Meridian: 6

Latitude: 39.432919 Longitude: -108.025229

Footage at Surface: 898 FNL/FSL FSL 1449 FEL/FWL FWL

11. Field Name: Parachute Field Number: 67350

12. Ground Elevation: 5563 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 06/19/2009 PDOP Reading: 1.8 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 456 FSL 1978 FWL FWL Bottom Hole: FNL/FSL 456 FSL 1978 FEL/FWL FWL

Sec: 17 Twp: 7S Rng: 95W Sec: 17 Twp: 7S Rng: 95W

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: 650 ft

18. Distance to nearest property line: 250 ft 19. Distance to nearest well permitted/completed in the same formation: 266 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	440-58	240	SW/4 and W/2SE/4
Williams Fork	WMFK	440-58	240	SW/4 and W/2SE/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#: 20040072

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):  
 Section 17-T7S-R95W: Portions of NW/4SW/4SE/4 and Portions of SW/4SE/4SW/4 (force pooled lease-See Order 440-57)

25. Distance to Nearest Mineral Lease Line: \_\_\_\_\_ 1 ft \_\_\_\_\_ 26. Total Acres in Lease: \_\_\_\_\_ 16 \_\_\_\_\_

### 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: GarCty Landfill

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	20	16	55#	60	100	60	0
SURF	12+1/4	8+5/8	32#	1,000	416	1,000	0
1ST	7+7/8	4+1/2	11.6#	6,578	750	6,578	

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

33. Comments 1st String/Production TOC=200' above Top of Gas

34. Location ID: 413055

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: \_\_\_\_\_

<b>API NUMBER</b>	Permit Number: _____	Expiration Date: _____
05	<b>CONDITIONS OF APPROVAL, IF ANY:</b>	

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
400019194	WELL LOCATION PLAT	Bat 24C-17-07-95_Location Plat.pdf
400019195	TOPO MAP	Watson Ranch Pad_Topo.pdf
400019196	30 DAY NOTICE LETTER	Watson Ranch Pad_30 Day Letter.pdf
400019197	DEVIATED DRILLING PLAN	BAT 24C-17-07-95_Directional Plan.pdf

Total Attach: 4 Files