

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:

400028034

Plugging Bond Surety

## 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: Tracey Fallang Phone: (303)312-8134 Fax: (303)291-0420Email: tfallang@billbarrettcorp.com7. Well Name: McAfee Well Number: 16H-12-38-17

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

9. Proposed Total Measured Depth: 9708

## WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 12 Twp: 38N Rng: 17W Meridian: NLatitude: 37.559790 Longitude: -108.667450

		FNL/FSL		FEL/FWL
Footage at Surface:	<u>400</u>	<u>FSL</u>	<u>576</u>	<u>FEL</u>

11. Field Name: Wildcat Field Number: 9999912. Ground Elevation: 7121 13. County: MONTEZUMA

## 14. GPS Data:

Date of Measurement: 11/04/2008 PDOP Reading: 3.8 Instrument Operator's Name: R Caffey (Anderson Engineering)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
<u>877</u>	<u>FSL</u>	<u>660</u>	<u>660</u>	<u>FNL</u>	<u>660</u>
		<u>FEL</u>			<u>FEL</u>
Sec: <u>12</u>	Twp: <u>38N</u>	Rng: <u>17W</u>	Sec: <u>12</u>	Twp: <u>38N</u>	Rng: <u>17W</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: 370 ft18. Distance to nearest property line: 400 ft 19. Distance to nearest well permitted/completed in the same formation: 6336 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.)
GOTHIC	GOSH			

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. 12: Lots 1, 2, 3, 4, W/2 E/2 (aka E/2) (Declaration of Pooling Attached)

25. Distance to Nearest Mineral Lease Line: 660 ft 26. Total Acres in Lease: 296

### 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 and Backfilling

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	65#	80		80	0
SURF	12+1/4	9+5/8	36#	2,000	760	2,000	0
1ST	8+3/4	7+1/2	26#	5,959	800	5,959	0
2ND	6+1/8	4+1/2	11.6#	9,708			

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

33. Comments The current permit for this well expires 2/12/2010. Rule 305/306 consultations were waived (see attached surface damage agreement). BBC has attached a sundry for necessary casing and cementing options.

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: Tracey Fallang

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: tfallang@billbarrettcorp.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: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**API NUMBER**

05 083 06662 00

**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
400028126	OTHER	Recorded Declaration of Pooling T38N-R17W, Sec. 12 12-11-08.pdf
400028127	SURFACE AGRMT/SURETY	sda.pdf
400028134	WELL LOCATION PLAT	well loc plat.pdf
400028192	TOPO MAP	topo map.pdf
400028196	DEVIATED DRILLING PLAN	McAfee 16H-12-38-17 PLAN 1 HZ PROPOSAL.pdf
400028233	OTHER	sundry.pdf

Total Attach: 6 Files