

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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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:

400029949

Plugging Bond Surety

20040060

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: Werner Well Number: 43D-23-692

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

9. Proposed Total Measured Depth: 8070

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 23 Twp: 6S Rng: 92W Meridian: 6Latitude: 39.507815 Longitude: -107.630221
 Footage at Surface: 873 FNL/FSL FSL 1526 FEL/FWL FEL
11. Field Name: Mamm Creek Field Number: 5250012. Ground Elevation: 5947 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 10/08/2009 PDOP Reading: 6.0 Instrument Operator's Name: James A Kalmon15. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 2443 FSL 665 FEL FEL Bottom Hole: FNL/FSL 2443 FSL 665 FEL FEL
 Sec: 23 Twp: 6S Rng: 92W Sec: 23 Twp: 6S Rng: 92W
16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 606 ft18. Distance to nearest property line: 200 ft 19. Distance to nearest well permitted/completed in the same formation: 321 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	S/2
Williams Fork	WMFK	191-8	320	S/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):
See attached Lease Boundary Map

25. Distance to Nearest Mineral Lease Line: 696 ft 26. Total Acres in Lease: 2200

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 & 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	42	40		40	0
SURF	12+1/4	9+5/8	36	840	260	840	0
1ST	8+3/4	4+1/2	11.6	8,070	490	8,070	

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

33. Comments See addendum for visible improvements within 400' of this location.
This well is located at the pending Werner 44C-23-692 Form 2A.
BBC is the surface owner.
Casing comments: production string second hole size = 7 7/8, production cement top = 500' above top of gas

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: _____ Email: mbarber@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

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
400030896	DEVIATED DRILLING PLAN	Directional Drilling.pdf
400030897	LOCATION DRAWING	Location.pdf
400030899	WELL LOCATION PLAT	Plat.pdf
400030900	DRILLING PLAN	WBD.pdf
400030901	ACCESS ROAD MAP	Access.pdf
400030902	LEASE MAP	Lease.pdf

Total Attach: 6 Files