

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:
2585845
Plugging Bond Surety

3. Name of Operator: BARRETT CORPORATION* BILL 4. COGCC Operator Number: 10071

5. Address: 1099 18TH ST STE 2300
City: DENVER State: CO Zip: 80202

6. Contact Name: MATT BARBER Phone: (303)312-8168 Fax: (303)291-0420
Email: MBARBER@BILLBARRETTCORP.COM

7. Well Name: GGU MILLER Well Number: 23B-32-691

8. Unit Name (if appl): GIBSONGULCHUNIT Unit Number: 52500

9. Proposed Total Measured Depth: 7413

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 32 Twp: 6S Rng: 91W Meridian: 6
Latitude: 39.480470 Longitude: -107.578847

Footage at Surface: 1241 ^{FNL/FSL} FSL 2293 ^{FEL/FWL} FWL

11. Field Name: MAMM CREEK Field Number: 52500

12. Ground Elevation: 6120.3 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 08/31/2009 PDOP Reading: 1.5 Instrument Operator's Name: D. SLAUGH

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: ^{FNL/FSL} 1800 FSL ^{FEL/FWL} 1900 FWL Bottom Hole: ^{FNL/FSL} 1800 FSL ^{FEL/FWL} 1900 FWL
Sec: 32 Twp: 6S Rng: 91W Sec: 32 Twp: 6S Rng: 91W

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: 3178 ft

18. Distance to nearest property line: 364 ft 19. Distance to nearest well permitted/completed in the same formation: 337 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	191-65		
WILLIAMS FORK	WMFK	191-9		

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: 668 ft 26. Total Acres in Lease: 1729

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	760	240	760	
1ST	8+3/4	4+1/2	11.6	7,413	500	7,413	

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

33. Comments **THERE ARE NO VISIBLE IMPROVEMENTS WITHIN 400' (SEE SHEET 2N). THIS WELL IS LOCATED AT THE PENDING MDP PAD #6 FORM 2A. THE WILL IS APPROVED UNDER AN ENVIRONMENTAL ASSESSMENT THROUGH THE BLM GLENWOOD SPRINGS CO OFFICE**

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: 1/21/2010 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: _____

API NUMBER Permit Number: _____ Expiration Date: _____

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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
2585845	APD ORIGINAL	LF@2434640 2585845
2585846	WELL LOCATION PLAT	LF@2434641 2585846
2585847	TOPO MAP	LF@2434642 2585847
2585848	MINERAL LEASE MAP	LF@2434643 2585848
2585849	SURFACE AGRMT/SURETY	LF@2434644 2585849
2585850	DRILLING PLAN	LF@2434645 2585850
2585871	DEVIATED DRILLING PLAN	LF@2434646 2585871
400047537	FORM 2 SUBMITTED	400047537.pdf

Total Attach: 8 Files