

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:

400048611

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: McLin Well Number: B4

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

9. Proposed Total Measured Depth: 7094

WELL LOCATION INFORMATION

10. QtrQtr: NENE Sec: 13 Twp: 6S Rng: 92W Meridian: 6

Latitude: 39.531021 Longitude: -107.607990

Footage at Surface: 1256 FNL/FSL FNL 435 FEL/FWL FEL

11. Field Name: Kokopelli Field Number: 47525

12. Ground Elevation: 5599 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 01/19/2010 PDOP Reading: 2.4 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 125 FNL 625 FWL FWL Bottom Hole: FNL/FSL 125 FNL 625 FWL FWL
Sec: 18 Twp: 6S Rng: 91W Sec: 18 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: 1166 ft

18. Distance to nearest property line: 1000 ft 19. Distance to nearest well permitted/completed in the same formation: 302 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	513,523-6	160	Part of W/2
Williams Fork	WMFK	513,523-6	160	Part of W/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):
A portion of the N/2NW of Sec18-T6S-R91W, a portion of the S/2SWSW of Sec 7-T6S-R91W and portion of S/2SE/4SE/4 of Sec12-T6S-R92W

25. Distance to Nearest Mineral Lease Line: 177 ft 26. Total Acres in Lease: 40

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: GarCty Landfill: Closed loop

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	24	16	55#	60	177	60	0
SURF	12+1/4	8+5/8	24/32#	1,000	416	1,000	0
1ST	7+7/8	4+1/2	11.6#	7,094	638	7,094	

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

33. Comments First String/Production TOC will be >500 feet 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: Hannah Knopping

Title: Permit Representative Date: 3/19/2010 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: _____

API NUMBER 05	Permit Number: _____	Expiration Date: _____
	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
400048636	30 DAY NOTICE LETTER	McLin B Pad_Advance Notice 30Day Letter (sent 3-5-10).pdf
400048637	TOPO MAP	McLin B_Topo Map.pdf
400048638	SURFACE AGRMT/SURETY	McLin SUA- Redacted for Permitting.pdf
400048639	DEVIATED DRILLING PLAN	ANTERO McLIN B4 P01.pdf
400048641	WELL LOCATION PLAT	McLin B4_Location Plat (revised 3-9-10).pdf

Total Attach: 5 Files