

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 LATERAL
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE Refiling
Sidetrack

Document Number:

400055429

Plugging Bond Surety

3. Name of Operator: BARRETT CORPORATION* BILL 4. 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: Knuckles Well Number: 2N-11-39-188. Unit Name (if appl): N/A Unit Number: _____9. Proposed Total Measured Depth: 11775

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 11 Twp: 39N Rng: 18W Meridian: NLatitude: 37.660110 Longitude: -108.798910Footage at Surface: 251 FNL/FSL FNL 1988 FEL/FWL FEL11. Field Name: Wildcat Field Number: 9999912. Ground Elevation: 6723 13. County: DOLORES

14. GPS Data:

Date of Measurement: 02/05/2009 PDOP Reading: 1.9 Instrument Operator's Name: T Barbee15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 225 FSL 1984 FEL 460 FEL/FWL 1980 FELSec: 2 Twp: 39N Rng: 18W Sec: 2 Twp: 39N Rng: 18W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 221 ft18. Distance to nearest property line: 251 ft 19. Distance to nearest well permitted/completed in the same formation: 953 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	389-5	1418	Sec 2 & Sec. 11

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):
 Lots 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, S2, Section 2, T38N-R18W; All, Section 11, T38N-R18W. Total acres in lease below and distance to lease line are based on the spacing order boundary.

25. Distance to Nearest Mineral Lease Line: 460 ft 26. Total Acres in Lease: 1418

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	6+1/8	4+1/2	11.6/15.1	11,775			

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

33. Comments Two permits are associated with this well, one pilot, one lateral. The pilot hole would not be completed but would rather act as subsurface control. Rule 305/306 consultations were waived. An approved sundry for the casing/cementing options, mill our procedure and confidential status is also attached. This is a refile for an APD that expires 5/20/2010.

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

05 033 06157 01

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
400055531	WELL LOCATION PLAT	plat.pdf
400055532	TOPO MAP	top map.pdf
400055536	DEVIATED DRILLING PLAN	Dir Plan.pdf
400055541	OTHER	Apvd Sundry.pdf
400055542	SURFACE AGRMT/SURETY	Pages from 20090423 Knuckles 2S-11-39-18 APVD APD.pdf

Total Attach: 5 Files