

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:

400019145

Plugging Bond Surety

20040071

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: BAT Well Number: 14C-17-07-95

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

9. Proposed Total Measured Depth: 6592

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 17 Twp: 7S Rng: 95W Meridian: 6

Latitude: 39.432935 Longitude: -108.025296

Footage at Surface: 905 FNL/FSL FSL 1430 FEL/FWL FWL

11. Field Name: Parachute Field Number: 67350

12. Ground Elevation: 5563 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 06/19/2009 PDOP Reading: 1.8 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 566 FSL 667 FWL FWL Bottom Hole: FNL/FSL 566 FSL 667 FWL FWL  
Sec: 17 Twp: 7S Rng: 95W Sec: 17 Twp: 7S Rng: 95W

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: 665 ft

18. Distance to nearest property line: 263 ft 19. Distance to nearest well permitted/completed in the same formation: 289 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	440-58	240	SW/4 and W/2SE/4
Williams Fork	WMFK	440-58	240	SW/4 and W/2SE/4

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 Bond ☐ \$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):  
T7S-R95W-Section 17: E/2SW/4SW/4, Portions of SW/4SE/4SW/4, N/2SE/4SW/4

25. Distance to Nearest Mineral Lease Line: \_\_\_\_\_ 1 ft 26. Total Acres in Lease: \_\_\_\_\_ 44

### 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: Closed loop: GarCty Landfill

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	20	16	55#	60	100	60	0
SURF	12+1/4	8+5/8	32#	1,000	416	1,000	0
1ST	7+7/8	4+1/2	11.6#	6,592	750	6,592	

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

33. Comments 1st String/Production TOC=200' above Top of Gas.

34. Location ID: 413055

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: 12/1/2009 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: David S. Neslin Director of COGCC Date: 2/3/2010

#### API NUMBER

05 045 19106 00

Permit Number: \_\_\_\_\_ Expiration Date: 2/2/2012

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.

1)24 HOUR SPUD NOTICE REQUIRED. E-MAIL: david.andrews@state.co.us 2)GARFIELD COUNTY RULISON FIELD NOTICE TO OPERATORS. NOTE: ALL NOTICES SHALL BE GIVEN VIA E-MAIL. SEE ATTACHED NOTICE 3)CEMENT TOP VERIFICATION BY CBL REQUIRED. 4)THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1 MILE IS 280 FEET DEEP.

### **Attachment Check List**

Att Doc Num	Name	Doc Description
400019149	WELL LOCATION PLAT	LF@2197942 400019149
400019150	ACCESS ROAD MAP	LF@2197945 400019150
400019151	30 DAY NOTICE LETTER	LF@2197946 400019151
400019152	DEVIATED DRILLING PLAN	LF@2197949 400019152
400019397	FORM 2 SUBMITTED	LF@2197950 400019397

Total Attach: 5 Files