

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:
400008849
Plugging Bond Surety
20010124

3. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP 4. COGCC Operator Number: 47120

5. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-3779

6. Contact Name: Cheryl Light Phone: (720)929-6461 Fax: (720)929-7461
Email: cheryl.light@anadarko.com

7. Well Name: BURCHFIELD STATE Well Number: 36-16

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

9. Proposed Total Measured Depth: 7616

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 16 Twp: 3N Rng: 67W Meridian: 6

Latitude: 40.223840 Longitude: -104.893530

Footage at Surface: 1928 FNL/FSL FSL 2052 FEL/FWL FEL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 4784 13. County: WELD

14. GPS Data:

Date of Measurement: 08/13/2009 PDOP Reading: 6.0 Instrument Operator's Name: Travis Kraich

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

Footage at Top of Prod Zone: FNL/FSL 50 FSL 2545 FWL 2545 FEL/FWL 50 FSL 2545 FWL 2545
Sec: 16 Twp: 3N Rng: 67W Sec: 16 Twp: 3N Rng: 67W

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: 1190 ft

18. Distance to nearest property line: 255 ft 19. Distance to nearest well permitted/completed in the same formation: 728 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.)
Niobrara/Codell	NB-CD	407-87	160	GWA

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 Oil and Gas lease

25. Distance to Nearest Mineral Lease Line: 50 ft 26. Total Acres in Lease: 640

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: _____

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
SURF	12+1/4	8+5/8	24	650	455	650	0
1ST	7+7/8	4+1/2	11.6	7,616	200	7,616	

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

33. Comments No conductor casing will be used. Proposed spacing unit config. is sesw & swse sec. 16 and the nenw & nwnw sec. 21

34. Location ID: 328486

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: Cheryl Light

Title: Senior Regulatory Analyst Date: 10/27/2009 Email: cheryl.light@anadarko.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: David S. Neslin Director of COGCC Date: 1/9/2010

API NUMBER
05 123 31005 00

Permit Number: _____ Expiration Date: 1/8/2012

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.

Attachment Check List

Att Doc Num	Name	Doc Description
1760306	SURFACE AGRMT/SURETY	LF@2206988 1760306
1769640	SURFACE CASING CHECK	LF@2185840 1769640
400008862	30 DAY NOTICE LETTER	LF@2173506 400008862
400008864	MULTI-WELL PLAN	LF@2173507 400008864
400008868	DEVIATED DRILLING PLAN	LF@2173508 400008868
400008870	PLAT	LF@2173510 400008870
400008873	TOPO MAP	LF@2173511 400008873
400008874	OIL & GAS LEASE	LF@2173512 400008874
400008973	PROPOSED SPACING UNIT	LF@2173513 400008973
400011973	FORM 2 SUBMITTED	LF@2173514 400011973

Total Attach: 10 Files