

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:

400065971

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: Elaine Winick Phone: (303)312-8168 Fax: (303)291-0420Email: ewinick@billbarrettcorp.com7. Well Name: Cox Well Number: 2N-12-39-18

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

9. Proposed Total Measured Depth: 11241

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 12 Twp: 39N Rng: 18W Meridian: NLatitude: 37.660080 Longitude: -108.780320Footage at Surface: 250 FNL/FSL FNL 1927 FEL/FWL FEL11. Field Name: Wildcat Field Number: 9999912. Ground Elevation: 6801 13. County: DOLORES

14. GPS Data:

Date of Measurement: 05/07/2009 PDOP Reading: 2.2 Instrument Operator's Name: Gerald Huddleston15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 229 FSL 1929 FEL/FWL FEL Bottom Hole: FNL/FSL 460 FNL 1980 FEL/FWL FEL
Sec: 1 Twp: 39N Rng: 18W Sec: 1 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: 224 ft18. Distance to nearest property line: 250 ft 19. Distance to nearest well permitted/completed in the same formation: 955 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	1391	Sec 1 & Sec 12

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):
Spacing Unit No. #4 T39N, R18W Section 1: Lots 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16, S½. Section 12: All

25. Distance to Nearest Mineral Lease Line: 460 26. Total Acres in Lease: 1391

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 & 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#	11,241	1,460	11,241	0

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

33. Comments No existing improvement within 200' of the proposed wellhead.

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: Elaine Winick

Title: Sr. Permit Analyst Date: _____ Email: ewinick@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: _____

API NUMBER 05 033 06159 00	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
400066235	WAIVERS	SDA - Cox 2H-12-39-18, dated 10-2-08.pdf

Total Attach: 1 Files