

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:

400070909

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: CSF Well Number: 34D-10-07-91

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

9. Proposed Total Measured Depth: 7883

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 10 Twp: 7S Rng: 91W Meridian: 6

Latitude: 39.456288 Longitude: -107.536027

Footage at Surface: 670 FNL/FSL FSL 1619 FEL/FWL FEL

11. Field Name: Wildcat Field Number: 99999

12. Ground Elevation: 7285 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 06/09/2010 PDOP Reading: 2.5 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 440 FSL 2073 FEL/FWL FEL Bottom Hole: FNL/FSL 440 FSL 2073 FEL/FWL FEL

Sec: 10 Twp: 7S Rng: 91W Sec: 10 Twp: 7S 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: 5280 ft

18. Distance to nearest property line: 2939 ft 19. Distance to nearest well permitted/completed in the same formation: 1283 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	191-32		
Williams Fork	WMFK	191-32		

21. Mineral Ownership: Fee State Federal Indian Lease #: COC-066580

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):
Section 10, T7S, R91W: ALL

25. Distance to Nearest Mineral Lease Line: 440 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: Onsite if meet Table 910

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#	7,883	818	7,883	

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

33. Comments First String/Production TOC will be >500' above Top of Gas. Since the surface owner is the Bureau of Land Management, a 30 Day Letter and SUA have not been secured. This location is subject to the Castle Springs Geographic Area Plan (GAP).

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: _____ 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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05

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
400071072	TOPO MAP	CSF Q Pad_Topo Map.pdf
400071075	DEVIATED DRILLING PLAN	CSF 34D-10-07-91 P01.pdf
400071076	WELL LOCATION PLAT	CSF 34D-10-07-91 Surface Location Plat.pdf
400071300	FED. DRILLING PERMIT	CSF 34D-10-07-91_Federal APD.pdf

Total Attach: 4 Files