

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:

400080936

Plugging Bond Surety

20040071

3. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION4. COGCC Operator Number: 100795. Address: 1625 17TH ST STE 300City: DENVER State: CO Zip: 802026. Contact Name: Hannah Knopping Phone: (303)357-6412 Fax: (303)357-7315Email: hknopping@anteroresources.com7. Well Name: Three Siblings Well Number: A1

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

9. Proposed Total Measured Depth: 7184

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 2 Twp: 6S Rng: 92W Meridian: 6Latitude: 39.557214 Longitude: -107.635966
 Footage at Surface: 2509 FNL/FSL FNL 2325 FEL/FWL FWL
11. Field Name: Wildcat Field Number: 9999912. Ground Elevation: 5758 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 07/22/2010 PDOP Reading: 2.4 Instrument Operator's Name: Scott E. Aibner15. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 1225 FNL 1979 FWL 1225 FNL 1979 FWL
 Bottom Hole: FNL/FSL 1225 FNL 1979 FWL
 Sec: 2 Twp: 6S Rng: 92W Sec: 2 Twp: 6S Rng: 92W
16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No17. Distance to the nearest building, public road, above ground utility or railroad: 1250 ft18. Distance to nearest property line: 341 ft 19. Distance to nearest well permitted/completed in the same formation: 4561 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	unspaced		
Williams Fork	WMFK	unspaced		

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):
Section 2, T6S, R92W: The NW/4NW/4, NE/4NW/4, SE/4NW/4, NE/4SW/4 and portions of the N/2N/2SW/4NW/4 (see attached lease map).

25. Distance to Nearest Mineral Lease Line: 663 ft 26. Total Acres in Lease: 176

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#	7,184	684	7,184	

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

33. Comments First String/Production TOC will be greater than 500 feet above top of gas.

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: _____

API NUMBER **05** Permit Number: _____ Expiration Date: _____

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
400081425	WELL LOCATION PLAT	Three Siblings A1 Surface location plat.pdf
400081427	DEVIATED DRILLING PLAN	Antero Three Siblings A1 P02.pdf
400081437	30 DAY NOTICE LETTER	Three Siblings A_30 Day Letter.pdf
400081438	TOPO MAP	Three Siblings A_Access Road Map.pdf
400081455	LEGAL/LEASE DESCRIPTION	Lease Map (176.2 acre Johnson).pdf
400081889	SURFACE AGRMT/SURETY	Three Siblings LLC -Signed SUA - Redacted.pdf

Total Attach: 6 Files