

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:

400092569

Plugging Bond Surety

20010124

3. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP 4. COGCC Operator Number: 471205. Address: P O BOX 173779City: DENVER State: CO Zip: 80217-37796. Contact Name: CHERYL LIGHT Phone: (720)929-6461 Fax: (720)929-7461Email: CHERYL.LIGHT@ANADARKO.COM7. Well Name: THOMASON Well Number: 38-9

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

9. Proposed Total Measured Depth: 7781

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 9 Twp: 2N Rng: 65W Meridian: 6Latitude: 40.146681 Longitude: -104.660207Footage at Surface: 254 FNL/FSL FSL 160 FEL/FWL FEL11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 4867 13. County: WELD

14. GPS Data:

Date of Measurement: 06/21/2010 PDOP Reading: 2.1 Instrument Operator's Name: BEN MILIUS15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 50 FSL 110 FEL 110 FEL 110 Bottom Hole: FNL/FSL 50 FSL 110 FEL 110Sec: 9 Twp: 2N Rng: 65W Sec: 9 Twp: 2N Rng: 65W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 254 ft18. Distance to nearest property line: 160 ft 19. Distance to nearest well permitted/completed in the same formation: 1405 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.)
J-SAND	JSND		106	GWA
NIOBRARA-CODELL	NB-CD	407	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: 5725

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	700	490	700	
1ST	7+7/8	4+1/2	11.6	7,781	200	7,781	
1ST LINER							

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

33. Comments NO CONDUCTOR CASING WILL BE USED/NIOBRARA-CODELL & JSAND SPACING: SECTION 9: SE/4SE/4; SECTION 10: SW/4SW/4; SECTION 15: NW/4NW/4; SECTION 16: NE/4NE/4

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: CHERYL LIGHT

Title: SEN. REGULATORY ANALYST Date: _____ Email: DJREGULATORY@ANADARK

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	Permit Number: _____	Expiration Date: _____
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
400092570	WELL LOCATION PLAT	THOMASON 38-9 PLAT.pdf
400092571	TOPO MAP	THOMASON 38-9 Topo.pdf
400092572	OIL & GAS LEASE	THOMASON OGL.PDF
400092573	SURFACE AGRMT/SURETY	THOMASON SUA.pdf
400092574	30 DAY NOTICE LETTER	THOMASON 38-9 Notice Letter 7-19-10.pdf
400092575	DEVIATED DRILLING PLAN	THOMASON 38-9 DIRECTIONAL.pdf
400092576	PROPOSED SPACING UNIT	THOMASON 38-9 SPACING UNIT MAP.pdf
400092577	EXCEPTION LOC WAIVERS	THOMASON 38-9 WAIVER 318A-a & 318A-c.pdf
400092578	EXCEPTION LOC REQUEST	THOMASON WAIVER REQUEST 318A.a & 318A.c.pdf

Total Attach: 9 Files