

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:

400091155

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: DECHANT Well Number: 23-9

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

9. Proposed Total Measured Depth: 8281

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 9 Twp: 2N Rng: 65W Meridian: 6Latitude: 40.146758 Longitude: -104.676714
 Footage at Surface: _____ FNL/FSL _____ FEL/FWL _____
290 FSL 467 FWL
11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 4894 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 _____ FEL/FWL _____ Bottom Hole: FNL/FSL _____ FEL/FWL _____

1290 FSL 2565 FWL 1290 FSL 2565 FWLSec: 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: 290 ft18. Distance to nearest property line: 290 ft 19. Distance to nearest well permitted/completed in the same formation: 911 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		160	W/2SE/4, E/2SW/4
NIOBRARA-CODELL	NB-CD	407	160	W/2SE/4, E/2SW/4

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: 1290 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	8,281	200	8,281	
1ST LINER							

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

33. Comments NO CONDUCTOR CASING WILL BE USED

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: SR. 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 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
400091156	WELL LOCATION PLAT	DECHANT 23-9 PLAT.pdf
400091158	TOPO MAP	DECHANT 23-9 Topo.pdf
400091159	OIL & GAS LEASE	DECHANT OGL.PDF
400091160	SURFACE AGRMT/SURETY	DECHANT SUA.pdf
400091161	30 DAY NOTICE LETTER	DECHANT 23-9 Notice Letter 7-19-10.pdf
400091162	DEVIATED DRILLING PLAN	DECHANT 23-9 DIRECTIONAL.pdf
400091163	PROPOSED SPACING UNIT	DECHANT 23-9 SPACING UNIT MAP.pdf
400091165	EXCEPTION LOC REQUEST	DECHANT WAIVER REQUEST 318A.a & 318A.c.pdf
400091166	EXCEPTION LOC WAIVERS	DECHANT 23-9 WAIVERS 318A-a & 318A-c.pdf

Total Attach: 9 Files