

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:

400094537

Plugging Bond Surety

20090078

3. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION 4. COGCC Operator Number: 691755. Address: 1775 SHERMAN STREET - STE 3000City: DENVER State: CO Zip: 802036. Contact Name: Kelly Huffman Phone: (303)831-3974 Fax: (303)860-5838Email: khuffman@petd.com7. Well Name: Binder Well Number: 10KDU

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

9. Proposed Total Measured Depth: 7541

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 10 Twp: 4N Rng: 67W Meridian: 6Latitude: 40.327540 Longitude: -104.877190

Footage at Surface: 2397 FNL/FSL FNL 2624 FEL/FWL FWL

11. Field Name: Wattenberg Field Number: 9075012. Ground Elevation: 4780 13. County: WELD

14. GPS Data:

Date of Measurement: 10/07/2008 PDOP Reading: 6.0 Instrument Operator's Name: Thomas G. Carlson15. 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 _____

2610 FNL 1316 FWL 2610 FNL 1316 FWLSec: 10 Twp: 4N Rng: 67W Sec: 10 Twp: 4N Rng: 67W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 250 ft18. Distance to nearest property line: 258 ft 19. Distance to nearest well permitted/completed in the same formation: 1150 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.)
Niobrara Codell	NB-CD	407-87	160	S/2NW, N/2SW

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):
Township 4 North, Range 67 West, 6th P.M. Section 10: N/2

25. Distance to Nearest Mineral Lease Line: 23 ft 26. Total Acres in Lease: 320

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	650	500	650	0
1ST	7+7/8	4+1/2	10.5	7,541	525	7,541	0

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

33. Comments Conductor casing will not be used. The Binder 10KDU will be drilled from the same pad as the Binder 10-OU, Binder 10SDU, Binder 32-10DU, Binder 22-10DU, Binder 10CDU and Binder 10NDU which are all previously permitted wells. The Binder 10KDU has been added to this multi-well pad per the request of the surface owner.

34. Location ID: 415249

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: Kelly Huffman

Title: Permit Specialist Date: _____ Email: khuffman@petd.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 05 123 31015 00	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
400094559	CORRESPONDENCE	Binder 10KDU 20-day 318Ae Certification to Dir.pdf
400094560	PLAT	Binder 10KDU Plat.pdf
400094561	EXCEPTION LOC REQUEST	Binder 10KDU, SLW Letter to Director.pdf
400094562	UNIT CONFIGURATION MAP	Binder 10KDU BHL Map.pdf
400096621	DEVIATED DRILLING PLAN	Binder 10KDU Deviated Drilling Plan.pdf
400097123	30 DAY NOTICE LETTER	Binder 30-day notice.pdf
400097126	EXCEPTION LOC WAIVERS	Binder 10KDU SLW.pdf

Total Attach: 7 Files