

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:

400077666

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: McLin Well Number: C23

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

9. Proposed Total Measured Depth: 7134

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 13 Twp: 6S Rng: 92W Meridian: 6

Latitude: 39.525306 Longitude: -107.607012

Footage at Surface: _____ FNL/FSL _____ FEL/FWL _____
1919 FSL 187 FEL

11. Field Name: Kokopelli Field Number: 47525

12. Ground Elevation: 5725 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 01/19/2010 PDOP Reading: 2.4 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 _____ FEL/FWL _____ Bottom Hole: FNL/FSL _____ FEL/FWL _____

2345 FSL 606 FWL 2345 FSL 606 FWL

Sec: 18 Twp: 6S Rng: 91W Sec: 18 Twp: 6S 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: 331 ft

18. Distance to nearest property line: 681 ft 19. Distance to nearest well permitted/completed in the same formation: 337 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	513-6	161	Part of W/2
Williams Fork	WMFK	513-6	161	Part of W/2

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 mineral lease map.

25. Distance to Nearest Mineral Lease Line: 701 ft 26. Total Acres in Lease: 430

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: Bury onsite if meets Tbl 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#	7,134	674	7,134	

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

33. Comments First String/Production TOC will be >500 feet above Top of Gas. #19 - The well distance given is to the nearest well planned on this pad. Additional permits will be forthcoming. Please refer to "Multi-Well Plan" attachment on related Form 2A Doc#400077143. #20 - Unit configuration for 513-6 is NE/4NW/4, Lots 1, 2 and 3

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
400101287	WELL LOCATION PLAT	McLin C23 Surface Location Plats.pdf
400101288	DEVIATED DRILLING PLAN	Antero McLin C23 P01.pdf
400101289	30 DAY NOTICE LETTER	McLin C Pad_30 Day Letter (sent 8-16-10).pdf
400101290	SURFACE AGRMT/SURETY	McLin SUA- Redacted for Permitting.pdf
400101291	LEASE MAP	McLin C Pad_Lease Map (Arbaney-430.62acres).pdf
400101293	TOPO MAP	McLin C Pad_Access Road Map.pdf

Total Attach: 6 Files