

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:

400113077

Plugging Bond Surety

20100152

3. Name of Operator: CONTINENTAL RESOURCES INC 4. COGCC Operator Number: 10347

5. Address: PO BOX 1032
City: ENID State: OK Zip: 73703

6. Contact Name: Pam Combest Phone: (580)548-5213 Fax: (580)548-5293
Email: pamcombest@contres.com

7. Well Name: Newton Well Number: 1-4H

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

9. Proposed Total Measured Depth: 15522

WELL LOCATION INFORMATION

10. QtrQtr: LOT 1 Sec: 4 Twp: 9N Rng: 61W Meridian: 6

Latitude: 40.783082 Longitude: -104.203972

Footage at Surface: 250 feet FNL 700 feet FEL

11. Field Name: Keota Field Number: 44350

12. Ground Elevation: 4985 13. County: WELD

14. GPS Data:

Date of Measurement: 11/30/2010 PDOP Reading: 1.3 Instrument Operator's Name: Mark A. Hall

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
727 FNL 700 FEL 600 FSL 700 FEL
Sec: 4 Twp: 9N Rng: 61W Sec: 9 Twp: 9N Rng: 61W

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: 250 ft

18. Distance to nearest property line: 250 ft 19. Distance to nearest well permitted/completed in the same formation: 10500 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	NBRR	1010-SP-30	1280	All Sec 4 & 9

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#: 20100153

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):
All of Section 4 & 9-T9N-R61W

25. Distance to Nearest Mineral Lease Line: 250 ft 26. Total Acres in Lease: 1283

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: Evaporation and Backfill

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	9+5/8	36	730	248	730	0
1ST	8+3/4	7	26	6,862	956	6,862	0
1ST LINER	6+1/8	4+1/2	11.6	15,522	0	0	0

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

33. Comments _____

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: Pam Combest

Title: Regulatory Compliance Date: 12/3/2010 Email: pamcombest@contres.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: _____

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.

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Attachment Check List

Att Doc Num	Name
400113077	FORM 2 SUBMITTED
400113230	DRILLING PLAN
400113805	ACCESS ROAD MAP
400113806	HYDROLOGY MAP
400113814	LOCATION DRAWING
400113815	LOCATION DRAWING
400113816	WELL LOCATION PLAT

Total Attach: 7 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)