

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:
400117046
Plugging Bond Surety
20040105

3. Name of Operator: BERRY PETROLEUM COMPANY 4. COGCC Operator Number: 10091

5. Address: 1999 BROADWAY STE 3700
City: DENVER State: CO Zip: 80202

6. Contact Name: Kallasandra Moran Phone: (303)999-4225 Fax: (303)999-4325
Email: kmoran@bry-consultant.com

7. Well Name: School House Point Well Number: OM 02B B21 696

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

9. Proposed Total Measured Depth: 9851

WELL LOCATION INFORMATION

10. QtrQtr: NENE Sec: 21 Twp: 6S Rng: 96W Meridian: 6
Latitude: 39.513778 Longitude: -108.108714

Footage at Surface: 721 feet FNL 1142 feet FEL

11. Field Name: Grand Valley Field Number: 31290

12. Ground Elevation: 8286 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 11/10/2010 PDOP Reading: 2.1 Instrument Operator's Name: Robert Wood / Construction Surveys Inc

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL FNL/FSL Bottom Hole: FNL/FSL FNL/FSL
467 FNL 2279 FEL 497 FNL 2279 FEL
Sec: 21 Twp: 6S Rng: 96W Sec: 21 Twp: 6S Rng: 96W

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: 15103 ft

18. Distance to nearest property line: 1498 ft 19. Distance to nearest well permitted/completed in the same formation: 309 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.)
Williams Fork	WMFK	510-13		

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: 598 ft 26. Total Acres in Lease: 25000

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: Total closed loop system

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	Wt/Ft	Csg/Line Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	30	20	55	0	90	100	90	0
SURF	16	9+5/8	36	0	2,500	1,000	2,500	0
1ST	8+3/4	4+1/2	11.6	200				200
2ND	7+7/8	4+1/2	11.6		9,851	600	9,851	

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

33. Comments The pad has not been built. Pit has not been constructed. The proposed well has not been drilled. The conductor has not been set. No rig on site. The location does not require a variance from any of the rules listed in Rule 306.d. (1). (A). (ii). The location is not in a restricted surface occupancy area. The location is in a sensitive wildlife habitat area for Elk production. The production casing Top of Cement will be 200' above the Top of Gas.

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: Kallasandra M. Moran

Title: Permit Agent Date: _____ Email: kmoran@bry-consultant.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
400117055	PLAT
400117056	DEVIATED DRILLING PLAN
400117057	OTHER
400117058	MINERAL LEASE MAP
400117059	TOPO MAP
400117060	30 DAY NOTICE LETTER

Total Attach: 6 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)