

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



DE ET OE ES

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:
400122109
Plugging Bond Surety
20040071

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: O'Toole Well Number: A2

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

9. Proposed Total Measured Depth: 7689

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 16 Twp: 6S Rng: 92W Meridian: 6
Latitude: 39.522764 Longitude: -107.663921

Footage at Surface: 1102 feet ^{FNL/FSL} FSL 415 feet ^{FEL/FWL} FEL

11. Field Name: Mamm Creek Field Number: 52500

12. Ground Elevation: 5652 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 11/15/2006 PDOP Reading: 1.4 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} 679 ^{FEL/FWL} FSL 667 ^{FEL} FEL Bottom Hole: ^{FNL/FSL} 679 ^{FEL/FWL} FSL 667 ^{FEL} FEL
Sec: 16 Twp: 6S Rng: 92W Sec: 16 Twp: 6S Rng: 92W

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: 200 ft

18. Distance to nearest property line: 200 ft 19. Distance to nearest well permitted/completed in the same formation: 266 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	191-25	40	SESE
Williams Fork	WMFK	191-27	40	SESE

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):
Section 16-T6S-R92W: SESE (39.89 acres)

25. Distance to Nearest Mineral Lease Line: 623 ft 26. Total Acres in Lease: 40

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: Onsite if meet Table 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	Wt/Ft	Csg/Line Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	24	16	55#	0	60	177	60	0
SURF	12+1/4	8+5/8	24/32#	0	1,000	416	1,000	0
1ST	7+7/8	4+1/2	11.6#	0	7,689	356	7,689	

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

33. Comments I certify that conditions in the original permit are the same except SHL change, BHL change, new TD, and updated casing program. An updated plat and directional plan are attached. Please note that the pad location has been constructed, however we have filed a Form 2A-Amend Existing Location because we are modifying the location to add an additional well. First String/Production TOC will be >500 feet above Top of Gas.

34. Location ID: 335541

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: _____

API NUMBER 05 045 13753 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
400122408	30 DAY NOTICE LETTER
400122409	SURFACE AGRMT/SURETY
400122410	DEVIATED DRILLING PLAN
400122411	WELL LOCATION PLAT

Total Attach: 4 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)