

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

Refilling
Sidetrack

Document Number:
400076778
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: McLin Well Number: A15

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

9. Proposed Total Measured Depth: 7064

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 12 Twp: 6S Rng: 92W Meridian: 6
Latitude: 39.536952 Longitude: -107.617186

Footage at Surface: 933 feet ^{FNL/FSL} FSL 2255 feet ^{FEL/FWL} FWL

11. Field Name: Kokopelli Field Number: 47525

12. Ground Elevation: 5608 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} 941 ^{FSL} FSL 1772 ^{FEL} FEL ^{FNL/FSL} 941 ^{FSL} FSL 1772 ^{FEL} FEL
Sec: 12 Twp: 6S Rng: 92W Sec: 12 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: 418 ft

18. Distance to nearest property line: 418 ft 19. Distance to nearest well permitted/completed in the same formation: 331 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, 523-6	320	E2
Williams Fork	WMFK	513, 523-6	320	E2

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 lease map

25. Distance to Nearest Mineral Lease Line: 65 ft 26. Total Acres in Lease: 39

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 910-1

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/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt 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#		7,064	660	7,064	

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.
#24-The well distance given is to a lease line within the drilling and spacing unit. BHL complies with spacing order with respect to distance to unit boundary.

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: 8/25/2010 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: David S. Neslin Director of COGCC Date: 1/21/2011

API NUMBER
05 045 20336 00

Permit Number: _____ Expiration Date: 1/20/2013

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.

1. PRODUCTION CASING CEMENT TOP VERIFICATION BY CBL REQUIRED.
2. THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1 MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1 MILE IS 256 FEET DEEP.

Attachment Check List

Att Doc Num	Name
400076778	FORM 2 SUBMITTED
400085389	30 DAY NOTICE LETTER
400085390	SURFACE AGRMT/SURETY
400085391	LEASE MAP
400085392	WELL LOCATION PLAT
400087596	TOPO MAP
400087599	DEVIATED DRILLING PLAN

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)