

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:
400146668
Plugging Bond Surety
20100152

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: 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)5485213 Fax: (580)5485293
Email: pamcombest@contres.com

7. Well Name: Dunn Well Number: 1-13H

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

9. Proposed Total Measured Depth: 16209

WELL LOCATION INFORMATION

10. QtrQtr: NE NE Sec: 13 Twp: 8N Rng: 62W Meridian: 6

Latitude: 40.668132 Longitude: -104.260679

Footage at Surface: 250 feet FNL 660 feet FEL
FNL/FSL FEL/FWL

11. Field Name: Keota Field Number: 44350

12. Ground Elevation: 4995 13. County: WELD

14. GPS Data:

Date of Measurement: 03/10/2011 PDOP Reading: 1.7 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: 727 FNL 660 FEL Bottom Hole: 660 FSL 660 FEL
FNL/FSL FEL/FWL
 Sec: 13 Twp: 8N Rng: 62W Sec: 24 Twp: 8N Rng: 62W

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: 240 ft

18. Distance to nearest property line: 250 ft 19. Distance to nearest well permitted/completed in the same formation: 1161

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		1280	Sec 13 & 24

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 13 & 24-T8N-R62W

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

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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite **If 28, 29, or 30 are "Yes" a pit permit may be required.**

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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	26	16	50	0	60	30	60	0
SURF	13+1/2	9+5/8	36	0	535	229	535	0
1ST	8+3/4	7	26	0	6,945	591	6,945	0
1ST LINER	6	4+1/2	11.6	6195	16,209			

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: _____ 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: _____

API NUMBER Permit Number: _____ Expiration Date: _____

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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
400146708	DEVIATED DRILLING PLAN
400146709	WELL LOCATION PLAT
400146710	HYDROLOGY MAP
400146711	ACCESS ROAD MAP
400146712	LOCATION DRAWING
400146713	LOCATION PICTURES

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)