

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 PILOT HOLE
SINGLE ZONE MULTIPLE COMMINGLE

Refiling
Sidetrack

Document Number:
400187348

Plugging Bond Surety
19980020

3. Name of Operator: CHESAPEAKE OPERATING INC 4. COGCC Operator Number: 16660

5. Address: P O BOX 18496
City: OKLAHOMA CITY State: OK Zip: 73154-0496

6. Contact Name: LINDSEY MELOTT Phone: (405)935-8323 Fax: (405)849-8323
Email: LINDSEY.MELOTT@CHK.COM

7. Well Name: THOMAS RANCH 9-10-67 Well Number: 1H

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

9. Proposed Total Measured Depth: 8250

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 9 Twp: 10N Rng: 67W Meridian: 6
Latitude: 40.841212 Longitude: -104.903158

Footage at Surface: 15 feet FSL 709 feet FSL 709 feet FSL
FNL/FSL FEL/FWL FNL/FSL FEL/FWL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 5615.3 13. County: WELD

14. GPS Data:

Date of Measurement: 05/25/2011 PDOP Reading: 1.9 Instrument Operator's Name: PAUL ORME

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 _____
Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____

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: 739

18. Distance to nearest property line: 15 ft 19. Distance to nearest well permitted/completed in the same formation: 30 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	535-2	640	ALL

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 Bond \$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):

W/2 AND SE/4

25. Distance to Nearest Mineral Lease Line: 15 ft 26. Total Acres in Lease: 640

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: RELIABLE FIELD

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		0	80		80	0
SURF	12+1/4	9+5/8	40	0	1,200	381	1,200	0

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

33. Comments THIS APPLICATION IS FOR A PILOT HOLE. PILOT HOLE IS FOR INFORMATIONAL PURPOSES ONLY.

34. Location ID: 418467

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: LINDSEY MELOTT

Title: SUPERVISOR-REG COMP Date: _____ Email: LINDSEY.MELOTT@CHK.

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

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
400187364	WELL LOCATION PLAT
400187365	DEVIATED DRILLING PLAN

Total Attach: 2 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)