

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:

400187368

Plugging Bond Surety

19980020

APPLICATION FOR PERMIT TO:

1. ☒ Drill, ☐ Deepen, ☐ Re-enter, ☐ Recomplete and Operate

2. TYPE OF WELL

OIL ☒ GAS ☐ COALBED ☐ OTHER LATERAL
SINGLE ZONE ☒ MULTIPLE ☐ COMMINGLE ☐

Refilling ☐

Sidetrack ☐

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: 12346

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 FNL/FSL 709 feet FEL/FWL 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 600 FSL 705 FWL FWL Bottom Hole: FNL/FSL 600 FNL 709 FWL FWL
Sec: 9 Twp: 10N Rng: 67W Sec: 9 Twp: 10N Rng: 67W

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 ft

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.)
NI0BRARA	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/2

25. Distance to Nearest Mineral Lease Line: 15 ft

26. Total Acres in Lease: 64

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
1ST	8+3/4	4+1/2	11.6	0	12,358	2,041	12,358	0

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

33. Comments

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
400187385	DEVIATED DRILLING PLAN
400187387	WELL LOCATION PLAT

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)