

APPLICATION FOR PERMIT TO:

1. **Drill,** Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____

SINGLE ZONE MULTIPLE COMMINGLE

Refiling Sidetrack

Document Number:
400193390

Plugging Bond Surety
20040060

3. Name of Operator: BARRETT CORPORATION* BILL 4. COGCC Operator Number: 10071

5. Address: 1099 18TH ST STE 2300
City: DENVER State: CO Zip: 80202

6. Contact Name: Mary Pobuda Phone: (303)312-8511 Fax: (303)291-0420
Email: mpobuda@billbarrettcorp.com

7. Well Name: FEDERAL Well Number: 22D-26-692

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

9. Proposed Total Measured Depth: 7634

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 26 Twp: 6S Rng: 92W Meridian: 6
Latitude: 39.502257 Longitude: -107.637644

Footage at Surface: 1145 feet FNL/FSL FNL 1666 feet FEL/FWL FWL

11. Field Name: MAMM CREEK Field Number: 52500

12. Ground Elevation: 6021 13. County: GARFIELD

14. GPS Data:
Date of Measurement: 04/04/2011 PDOP Reading: 6.0 Instrument Operator's Name: JAMES KALMON

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

1473 FNL 1996 FWL 1473 FNL 1996 FWL

Sec: 26 Twp: 6S Rng: 92W Sec: 26 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: 355 ft

18. Distance to nearest property line: 167 ft 19. Distance to nearest well permitted/completed in the same formation: 333 ft

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	191-10	640	ALL
WILLIAMS FORK	WMFK	191-8	640	ALL

21. Mineral Ownership: Fee State Federal Indian Lease #: COC15976

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):

See attached lease map

25. Distance to Nearest Mineral Lease Line: 165 ft 26. Total Acres in Lease: 800

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: EVAP & BURY

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	14	36	0	40	0	40	0
SURF	12+1/4	9+5/8	36	0	761	240	761	0
1ST	7+7/8	4+1/2	11.6	0	7,634	790	7,634	3,134

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

33. Comments Surface is Federal, the right to construct is granted per federal lease No. COC15976. Please see sec. 1 "Rights of Lessee" on the attached federal lease.

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: Mary Pobuda

Title: Permit Analyst Date: 8/18/2011 Email: mpobuda@billbarrettcorp.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

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
400193390	FORM 2 SUBMITTED
400193395	DEVIATED DRILLING PLAN
400193398	WELL LOCATION PLAT
400193399	LEASE MAP
400197507	LEGAL/LEASE DESCRIPTION

Total Attach: 5 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)