

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:

400183282

PluggingBond SuretyID

20010124

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 ☐

3. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

4. COGCC Operator Number: 47120

5. Address: P O BOX 173779

City: DENVER State: CO Zip: 80217-3779

6. Contact Name: REBECCA HEIM Phone: (720)929-6361 Fax: (720)929-7361

Email: rebecca.heim@anadarko.com

7. Well Name: COLFER Well Number: 13C-34HZ

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

9. Proposed Total Measured Depth: 11815

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 34 Twp: 2N Rng: 65W Meridian: 6

Latitude: 40.100997 Longitude: -104.657180

Footage at Surface: 480 feet FNL/FSL 580 feet FEL/FWL
FNL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4943 13. County: WELD

14. GPS Data:

Date of Measurement: 03/23/2011 PDOP Reading: 2.1 Instrument Operator's Name: OWEN McKEE

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
625 FNL 900 FWL 460 FSL 900 FWL
Sec: 34 Twp: 2N Rng: 65W Sec: 34 Twp: 2N Rng: 65W

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: 4767 ft

18. Distance to nearest property line: 480 ft 19. Distance to nearest well permitted/completed in the same formation: 195 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.)
CODELL	CODL	407	320	W/2

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):

SEE ATTACHED OIL AND GAS LEASE.

25. Distance to Nearest Mineral Lease Line: 460 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: _____

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
SURF	12+1/4	9+5/8	36	0	1,710	390	1,710	0
1ST	8+3/4	7+0/0	26	0	7,630	690	7,630	
2ND	6+1/8	4+1/2	11.6	0	11,815		11,815	6,581

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

33. Comments No conductor casing will be used.

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: REBECCA HEIM

Title: REGULATORY ANALYST II

Date: 7/8/2011

Email: DJREGULATORY@

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: 8/19/2011

API NUMBER

05 123 34195 00

Permit Number: _____ Expiration Date: 8/18/2013

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)Note surface casing setting depth change from 1200' to 1710'. Increase cement coverage accordingly and cement to surface.
- 2)Provide 48 hour notice of MIRU to Jim Precup at 303-726-3822 or e-mail at jim.precup@state.co.us.
- 3)Comply with Rule 317.i and provide cement coverage from the end of the production casing to a minimum of 200' above the Niobrara. Verify coverage with cement bond log.
- 4)Comply with Rule 321. Run and submit Directional Survey from the end of production casing to base of surface casing. Ensure that the wellbore complies with setback requirements in commission orders or rules prior to producing the well.

During the hydraulic fracturing of well, the operator shall monitor the casing and bradenhead pressures of the all offset wells with wellbore paths that are within 500 feet of the wellbore path of the well being hydraulically fractured. Casing and bradenhead pressure monitoring of the offset wells shall continue for a period of 24-hours after completion of stimulation operations. If at any time during stimulation operations or the 24-hour post-stimulation monitoring period, the bradenhead annulus pressure or the casing pressure of offset wells increases more than 200 psig, the operator of the well being stimulated shall verbally notify the Director as soon as practicable, but no later than twenty-four (24) hours following the incident. Within fifteen (15) days after the occurrence, the operator shall submit a Sundry Notice, Form 4, giving all details, including corrective actions taken.

Attachment Check List

Att Doc Num	Name
2481026	SURFACE CASING CHECK
400183282	FORM 2 SUBMITTED
400183299	30 DAY NOTICE LETTER
400183300	DEVIATED DRILLING PLAN
400183301	PLAT
400183303	TOPO MAP
400183304	OIL & GAS LEASE
400183305	OIL & GAS LEASE
400183306	SURFACE AGRMT/SURETY
400183307	PROPOSED SPACING UNIT

Total Attach: 10 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)