

APPLICATION FOR PERMIT TO:

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

2. TYPE OF WELL

OIL <input type="checkbox"/>	GAS <input checked="" type="checkbox"/>	COALBED <input type="checkbox"/>	OTHER _____
SINGLE ZONE <input type="checkbox"/>	MULTIPLE <input checked="" type="checkbox"/>	COMMINGLE <input type="checkbox"/>	

Refiling PluggingBond SuretyID
Sidetrack 20010124

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: NORTHGLENN STATE Well Number: 33-36

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

9. Proposed Total Measured Depth: 9032

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 36 Twp: 1N Rng: 68W Meridian: 6
Latitude: 40.003765 Longitude: -104.951437

Footage at Surface: 1249 feet FNL/FSL FSL 2491 feet FEL/FWL FEL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 5118 13. County: WELD

14. GPS Data:
Date of Measurement: 04/14/2011 PDOP Reading: 1.9 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
<u>1320</u>	<u>FSL</u>	<u>50</u>	<u>1320</u>	<u>FSL</u>	<u>50</u>
		<u>FWL</u>			<u>FWL</u>
Sec: <u>36</u>	Twp: <u>1N</u>	Rng: <u>68W</u>	Sec: <u>36</u>	Twp: <u>1N</u>	Rng: <u>68W</u>

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: 251 ft

18. Distance to nearest property line: 2 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 878 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.)
J SAND	JSND		160	GWA
NIOBRARA CODELL	NB-CD	407	160	GWA

21. Mineral Ownership: Fee State Federal Indian Lease #: 70/8535-S

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: 20010125

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If H2S 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):

Please see attached Oil and Gas Lease

25. Distance to Nearest Mineral Lease Line: 50 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: _____

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	8+5/8	24.0	0	1,000	700	1,000	0
1ST	7+7/8	4+1/2	11.6	0	9,032	200	9,032	

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

33. Comments No conductor casing will be used. Unit Configuration NB-CD & JSND: SEC.36: W/2SW/4, SEC.35: E/2SE/4

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: _____ Email: DJRegulatory@anadarko.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
400180913	DEVIATED DRILLING PLAN
400180914	PLAT
400180915	TOPO MAP
400180916	30 DAY NOTICE LETTER
400180917	LEGAL/LEASE DESCRIPTION
400180918	PROPOSED SPACING UNIT
400204739	WAIVERS
400204740	WAIVERS
400204741	OTHER
400204742	EXCEPTION LOC REQUEST
400204743	VARIANCE REQUEST

Total Attach: 11 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)