



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

APPLICATION FOR PERMIT TO:

Document Number:
 2588243
 PluggingBond SuretyID
 20010124

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: CHERYL LIGHT Phone: (720)929-6461 Fax: (720)929-7461
 Email: DJREGULATORY@ANADARKO.COM
 7. Well Name: DECHANT Well Number: 15-1
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 7735

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 1 Twp: 2N Rng: 65W Meridian: 6
 Latitude: 40.161408 Longitude: -104.610470
 Footage at Surface: 480 feet FNL/FSL 2105 feet FEL/FWL FEL
 11. Field Name: WATTENBERG Field Number: 90750
 12. Ground Elevation: 4840 13. County: WELD

14. GPS Data:
 Date of Measurement: 03/29/2006 PDOP Reading: 3.0 Instrument Operator's Name: CHRIS FSIHER

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: 300 ft
 18. Distance to nearest property line: 480 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 2486 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.) |
|------------------------|----------------|-------------------------|-------------------------------|--------------------------------------|
| SUSSEX | SUSX | | 80 | S/2SE/4 |

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 DATED NOVEMBER 24, 1970

25. Distance to Nearest Mineral Lease Line: 480 ft 26. Total Acres in Lease: 5709

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 | 813 | 570 | 813 | 0 |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,727 | 260 | 7,727 | 6,236 |
| | | | Stage Tool | | 4,795 | 200 | 4,795 | 3,650 |

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

33. Comments A FORM 2A IS NOT REQUIRED FOR THIS RECOMPLETION BECAUSE NO PIT WILL BE CONSTRUCTED AND THERE WILL BE NO ADDITIONAL SURFACE DISTURBANCE BEYOND THE ORIGINALLY DISTURBED AREA. RECOMPLETION FORM 4 DOC # 2588241

34. Location ID: 305206

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: CHERYL LIGHT

Title: REGULATORY Date: 8/26/2011 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. Nashin Director of COGCC Date: 9/21/2011

| |
|-------------------|
| API NUMBER |
| 05 123 22646 00 |

Permit Number: _____ Expiration Date: 9/20/2013

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) Provide 48 hour notice of MIRU to Jim Precup via e-mail at jim.precup@state.co.us.
 2) Within 30 days after recomplete, submit a Form 5A to document new status of both formations in accordance with Rule 308B. If the casing pressure test indicates the need for remedial cement, provide a Form 5 with CBL to document any remedial cement provided in accordance with Rule 308A (change of wellbore configuration).

Attachment Check List

| Att Doc Num | Name |
|-------------|----------------------|
| 2481154 | SURFACE CASING CHECK |
| 2588243 | FORM 2 SUBMITTED |
| 2588244 | OIL & GAS LEASE |
| 2588245 | SURFACE AGRMT/SURETY |
| 2588246 | 30 DAY NOTICE LETTER |

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)