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Document Number:  
 400226676  
 PluggingBond SuretyID  
 19980020

**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: 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: Christy Keith Phone: (405)935-7539 Fax: (405)849-7539  
 Email: christy.keith@chk.com  
 7. Well Name: State 8-60 Well Number: 16-2H  
 8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_  
 9. Proposed Total Measured Depth: 10495

**WELL LOCATION INFORMATION**

10. QtrQtr: NW NW Sec: 16 Twp: 8N Rng: 60W Meridian: 6  
 Latitude: 40.668813 Longitude: -104.103220  
 Footage at Surface: 280 feet FNL 660 feet FWL  
 11. Field Name: Wildcat Field Number: 99999  
 12. Ground Elevation: 4919 13. County: WELD

14. GPS Data:  
 Date of Measurement: 11/18/2011 PDOP Reading: 2.2 Instrument Operator's Name: ORME

15. If well is  Directional  Horizontal (highly deviated) **submit deviated drilling plan.**  
 Footage at Top of Prod Zone: 854 FNL 661 FWL Bottom Hole: 600 FSL 660 FWL  
 Sec: 16 Twp: 8N Rng: 60W Sec: 16 Twp: 8N Rng: 60W

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: 4594 ft  
 18. Distance to nearest property line: 280 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 2689 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.)
NIOBRARA	NBRR	535-2	640	ALL

21. Mineral Ownership:  Fee  State  Federal  Indian Lease #: 8431.5  
 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):

ALL NWNW Sec. 16-8N-60W

25. Distance to Nearest Mineral Lease Line: 280 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: RELIABLE SERVICES

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	1,100	352	1,100	0
1ST	8+3/4	5+1/2	17#	0	5,756	432	5,756	
1ST LINER	8+3/4	4+1/2	11.6#	5756	10,495	1,143	10,495	

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

33. Comments \_\_\_\_\_

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: CHRISTY KEITH

Title: REGULATORY COMP. ANALYST Date: \_\_\_\_\_ Email: CHRISTY.KEITH@CHK.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
400226678	DRILLING PLAN
400226679	DEVIATED DRILLING PLAN
400226680	WELL LOCATION PLAT

Total Attach: 3 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)