

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:

400196832

PluggingBond SuretyID

20090078

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: PETROLEUM DEVELOPMENT CORPORATION

4. COGCC Operator Number: 69175

5. Address: 1775 SHERMAN STREET - STE 3000

City: DENVER State: CO Zip: 80203

6. Contact Name: Liz Lindow Phone: (303)831-3974 Fax: ()

Email: llindow@petd.com

7. Well Name: Guttersen Well Number: 12XD

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

9. Proposed Total Measured Depth: 7128

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 12 Twp: 3N Rng: 64W Meridian: 6

Latitude: 40.235990 Longitude: -104.494180

Footage at Surface: 1253 feet FSL 1120 feet FEL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 4750 13. County: WELD

14. GPS Data:

Date of Measurement: 01/06/2011 PDOP Reading: 6.0 Instrument Operator's Name: Thomas Carlson

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: 1328 FSL 75 FEL Bottom Hole: 1328 FSL 75 FEL
Sec: 12 Twp: 3N Rng: 64W Sec: 12 Twp: 3N Rng: 64W

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: 2800 ft

18. Distance to nearest property line: 5280 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 884 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.)
Niobrara Codell	NBCD	407-87	160	GWA

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):

Township 3 North, Range 63 West, 6th PM - (Sec 6: SE/4NW/4, SW/4NE/4, E/2SW/4, SE/4; Sec 8: E/2; Sec 18: N/2SE/4, SE/4SW/4; Sec. 28: NW/4; Sec. 30: Lot 1 (W/2NW/4), E/2NW/4, S Pt Lot 2 (S/2 of W/2SW/4); Sec 32: S/2); Township 3 North, Range 64 West, 6th PM - (Sec 2: SW/4SW/4; Sec 12: SW/4SW/4, SE/4; Sec 13: NE/4, NW/4NW/4, SE/4, NE/4NW/4, S/2NW/4; Sec 24: NW/4, SW/4SW/4, E/2SE/4; Sec. 25: NE/4NE/4, NW/4NW/4, SE/4NW/4, S/2)

25. Distance to Nearest Mineral Lease Line: 75 ft 26. Total Acres in Lease: 2889

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: Closed loop

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	400	500	400	0
1ST	7+7/8	4+1/2	10.5	0	7,128	525	7,128	0

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

33. Comments Conductor casing will not be used. Operator requests approval of Rule 318Ae spacing unit consisting of the W/2SE/4 of Sec 12 T3N R64W and the E/2SW/4 of Section 7 T3N R63W, 160 acres. Proposed spacing unit map and 20-day certificate attached.

34. Location ID: 310338

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: Liz Lindow

Title: Permit Representative Date: 12/2/2011 Email: llindow@petd.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
400196832	FORM 2 SUBMITTED
400196857	WELL LOCATION PLAT
400196860	DEVIATED DRILLING PLAN
400196861	TOPO MAP
400228895	PROPOSED SPACING UNIT

Total Attach: 5 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>
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Total: 0 comment(s)