

**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

Document Number:  
400222008

PluggingBond SuretyID  
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: SCHOMBER      Well Number: 35N-22HZ

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

9. Proposed Total Measured Depth: 11951

**WELL LOCATION INFORMATION**

10. QtrQtr: NWNW      Sec: 22      Twp: 2N      Rng: 66W      Meridian: 6  
Latitude: 40.129611      Longitude: -104.771087

Footage at Surface:      470 feet      FNL      486 feet      FWL

11. Field Name: WATTENBERG      Field Number: 90750

12. Ground Elevation: 5008      13. County: WELD

14. GPS Data:  
Date of Measurement: 09/01/2011      PDOP Reading: 2.5      Instrument Operator's Name: CHRIS BOUB

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

635      FNL      1535      FWL      460      FSL      1535      FWL

Sec: 22      Twp: 2N      Rng: 66W      Sec: 22      Twp: 2N      Rng: 66W

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: 470 ft

18. Distance to nearest property line: 369 ft      19. Distance to nearest well permitted/completed in the same formation(BHL): 777 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	407-87	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#: 20010125

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):

Please see attached Oil and Gas Lease.

25. Distance to Nearest Mineral Lease Line: 460 ft 26. Total Acres in Lease: 160

### 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	0	910	290	910	0
1ST	8+3/4	7	24.0	0	7,772	740	7,772	
1ST LINER	6+1/8	4+1/2	11.6	6692	11,951			

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: 11/11/2011 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: David S. Neslin Director of COGCC Date: 12/11/2011

<b>API NUMBER</b>
05 123 34784 00

Permit Number: \_\_\_\_\_ Expiration Date: 12/10/2013

**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 900' to 910'. Increase cement coverage accordingly and cement to surface.
  - 2)Provide 24 hour notice of MIRU to Jim Precup via 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 and from 200' below Sussex to 200' above Sussex. Verify coverage with a 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.
- Operator must meet Rule 318A water well sampling requirements.

**Attachment Check List**

Att Doc Num	Name
2481295	SURFACE CASING CHECK
400222008	FORM 2 SUBMITTED
400222010	DEVIATED DRILLING PLAN
400222011	PLAT
400222012	TOPO MAP
400222013	30 DAY NOTICE LETTER
400222014	OIL & GAS LEASE
400222015	PROPOSED SPACING UNIT
400222016	OTHER

Total Attach: 9 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Final Reveiw Complete.	12/8/2011 3:54:08 PM
Permit	Opr instructed me to add BMP for anti-collision and for stimulation. Water sampling required.	11/15/2011 2:09:24 PM
Permit	Operator corrected Surface and minerals info. This form has passed completeness.	11/15/2011 11:05:56 AM
Permit	Returned to draft. If the surface and mineral owner are not the same then the surface owners signiture should not be on the lease.	11/15/2011 6:48:03 AM

Total: 4 comment(s)

## BMP

<u>Type</u>	<u>Comment</u>
Drilling/Completion Operations	<p>Prior to drilling operations, Operator will perform an anti-collision scan of existing offset wells that have the potential of being within close proximity of the proposed well. This anti-collision scan will include definitive MWD or gyro surveys of the offset wells with included error of uncertainty per survey instrument, and compared against the proposed wellpath with its respective error of uncertainty. If current surveys do not exist for the offset wells, Operator may have gyro surveys conducted to verify bottomhole location. The proposed well will only be drilled if the anti-collision scan results indicate that there is not a risk for collision, or harm to people or the environment. For the proposed well, upon conclusion of drilling operations, an as-constructed gyro survey will be submitted to COGCC with the Form 5.</p>
Drilling/Completion Operations	<ol style="list-style-type: none"><li data-bbox="472 512 1507 659">1. At least seven (7) days prior to fracture stimulation, the operator is to notify all operators of non-operated wells within 300 feet of the wellbore to be fracture stimulated of the anticipated date stimulation date and the recommended best management practice to shut-in all wells within 300' of the stimulated wellbore completed in the same formation.</li><li data-bbox="472 743 1507 806">2. The operator will monitor the bradenhead pressure of all wells operated by the operator within 300 feet of the well to be fracture stimulated.</li><li data-bbox="472 869 1507 1079">3. Bradenhead pressure gauges are to be installed 24 hours prior to stimulation. The gauges are to read at least once during every 24-hour period until 24-hours after stimulation is completed (post flowback). The gauges are to be of the type able to read current pressure and record the maximum encountered pressure in a 24-hour period. The gauge is to be reset between each 24-hour period. The pressures are to be recorded and saved. Alternate electronic measurement may be used to record the prescribed pressures. Data shall be kept for a period of one year.</li><li data-bbox="472 1100 1507 1289">4. If at any time during stimulation or the 24-hour post-stimulation period, the bradenhead annulus pressure of the treatment well or offset wells increases more than 200 psig, as per Rule 341, the operator of the wellbeing 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.</li></ol>

Total: 2 comment(s)