

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:
2286565
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: CHERYL LIGHT Phone: (720)929-6461 Fax: (720)929-7461
Email: DJREGULATORY@ANADARKO.COM

7. Well Name: HSR-CANNON Well Number: 3-10A

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

9. Proposed Total Measured Depth: 8165

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 10 Twp: 2N Rng: 66W Meridian: 6
Latitude: 40.158327 Longitude: -104.764895

Footage at Surface: 510 feet FNL 2180 feet FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4960 13. County: WELD

14. GPS Data:

Date of Measurement: 11/30/2006 PDOP Reading: 4.3 Instrument Operator's Name: CHRIS FISHER

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: 2400 ft

18. Distance to nearest property line: 810 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1007 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-CODELL	NB-CD	407	80	N/2NW/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#: 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):

SEE ATTACHED OIL AND GAS LEASE DATED AUGUST 16, 1971

25. Distance to Nearest Mineral Lease Line: 510 ft 26. Total Acres in Lease: 1680

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	8,161	325	8,161	6,410

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. RECOMPLETE FORM 4 DOC #2286568

34. Location ID: 331090

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: 12/20/2011 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. Nesline Director of COGCC Date: 1/20/2012

API NUMBER

05 123 20137 00

Permit Number: _____ Expiration Date: 1/19/2014

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 24 hour notice of MIRU to Mike Hickey via e-mail at mike.hickey@state.co.us.
2)Within 30 days after recomplete, submit a Form 5A to document the new status of the formation in accordance with Rule 308B. If the casing pressure test indicates the need for remedial cement, provide a Form 5 with a CBL to document any remedial cement provided in accordance with Rule 308A (change of wellbore configuration).

Water sampling required. No 2A on file related to this document. Opr notified. Ready to pass pending public comment 1/18/12.

Attachment Check List

Att Doc Num	Name
2286565	APD ORIGINAL
2286566	OIL & GAS LEASE
2286567	30 DAY NOTICE LETTER
2481360	SURFACE CASING CHECK

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Final review complete.	1/19/2012 8:38:56 AM

Total: 1 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)