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Document Number:
400234081

PluggingBond SuretyID

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: BARRETT CORPORATION* BILL 4. COGCC Operator Number: 10071
 5. Address: 1099 18TH ST STE 2300
 City: DENVER State: CO Zip: 80202
 6. Contact Name: Mary Pobuda Phone: (303)312-8511 Fax: (303)291-0420
 Email: mpobuda@billbarrettcorp.com
 7. Well Name: Federal Well Number: 11D-3-791
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 8396

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 33 Twp: 6S Rng: 91W Meridian: 6
 Latitude: 39.479176 Longitude: -107.553222
 Footage at Surface: 646 feet FNL/FSL FSL 1081 feet FEL/FWL FEL
 11. Field Name: MAMM CREEK Field Number: 52500
 12. Ground Elevation: 6760 13. County: GARFIELD

14. GPS Data:
 Date of Measurement: 09/30/2010 PDOP Reading: 6.0 Instrument Operator's Name: JIM KALMON

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 165 FNL 665 FWL _____ Bottom Hole: FNL/FSL 165 FNL 665 FWL _____
 Sec: 3 Twp: 7S Rng: 91W Sec: 3 Twp: 7S Rng: 91W

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: 10333 ft
 18. Distance to nearest property line: 1866 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 331 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.)
Williams Fork & Iles	WFILS	191-32	0	ALL

21. Mineral Ownership: Fee State Federal Indian Lease #: COC066577
 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 lease map

25. Distance to Nearest Mineral Lease Line: 165 ft 26. Total Acres in Lease: 505

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: EVAP & BURY

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	14	36	0	40		40	0
SURF	12+1/4	9+5/8	36	0	800	240	800	0
1ST	7+7/8	4+1/2	11.6	0	8,396	830	8,396	3,656

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

33. Comments This well is being drilled into Antero's lease (COC066577) as authorized under the terms of the Earning and Joint Operating Agreement enclosed.

34. Location ID: 424234

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: Mary Pobuda

Title: Permit Analyst Date: 1/23/2012 Email: mpobuda@billbarrettcorp.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
400234081	FORM 2 SUBMITTED
400234678	DIRECTIONAL DATA
400243967	DEVIATED DRILLING PLAN
400243970	PLAT
400243971	LEASE MAP
400243972	OTHER

Total Attach: 6 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)