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Document Number:
 400218403
 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: Leffler Well Number: 34-26H
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 11468

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 26 Twp: 7N Rng: 66W Meridian: 6
 Latitude: 40.539500 Longitude: -104.742620
 Footage at Surface: 215 feet FSL 2090 feet FEL
 11. Field Name: Eaton Field Number: 19350
 12. Ground Elevation: 2653 13. County: WELD

14. GPS Data:
 Date of Measurement: 08/27/2011 PDOP Reading: 1.9 Instrument Operator's Name: Tom Carlson

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: 981 FSL 2090 FEL Bottom Hole: 500 FNL 2095 FEL
 Sec: 26 Twp: 7N Rng: 66W Sec: 26 Twp: 7N 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: 185 ft
 18. Distance to nearest property line: 185 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1223 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		160	W2E2 - 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):

E/2 of Section 26 T7N R66W

25. Distance to Nearest Mineral Lease Line: 500 ft

26. Total Acres in Lease: 327

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	9+5/8	36	0	875	159	875	0
1ST	8+3/4	7	26	0	7,633	809	7,633	600
1ST LINER	6+1/8	4+1/2	11.6	6431	11,469			

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

33. Comments Conductor casing will not be used. Operator requests an exception location per rule 318Aa and rule 318Ac: well will not be drilled from a legal drilling window or twinned with an existing well. Waivers attached. Operator requests the proposed spacing unit per Rule 318Ae consisting of the W2E2 of Section 26 T7N R66W. Proposed spacing unit map and 30-day certificate attached.

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: Liz Lindow

Title: Permit Representative Date: _____ 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
400218425	30 DAY NOTICE LETTER
400218426	DEVIATED DRILLING PLAN
400218427	EXCEPTION LOC WAIVERS
400218428	EXCEPTION LOC WAIVERS
400218429	WELL LOCATION PLAT
400218430	TOPO MAP
400218450	PROPOSED SPACING UNIT
400220994	EXCEPTION LOC REQUEST

Total Attach: 8 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)