

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



Document Number:

400268131

Date Received:

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

PluggingBond SuretyID

20040060

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: BRADY RILEY Phone: (303)312-8115 Fax: (303)291-0420

Email: BRILEY@BILLBARRETTCORP.COM

7. Well Name: Knuckles Well Number: 2S-11-39-18

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

9. Proposed Total Measured Depth: 10212

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 11 Twp: 39N Rng: 18W Meridian: N

Latitude: 37.660110 Longitude: -108.798880

Footage at Surface: 251 feet FNL 1980 feet FEL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 6723 13. County: DOLORES

14. GPS Data:

Date of Measurement: 02/05/2009 PDOP Reading: 1.9 Instrument Operator's Name: T BARBEE

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

Footage at Top of Prod Zone: 728 FNL 1981 FEL Bottom Hole: 460 FSL 1980 FEL
Sec: 11 Twp: 39N Rng: 18W Sec: 11 Twp: 39N Rng: 18W

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: 221 ft

18. Distance to nearest property line: 251 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 953 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.)
Gothic	gosh	389-5	1418	Sec. 2 & 11

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):
 Lots 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, S2, Section 2, T38N-R18W; All, Section 11, T38N-R18W. Total acres in lease below and distance to lease line are based on the spacing order boundary.

25. Distance to Nearest Mineral Lease Line: 460 ft 26. Total Acres in Lease: 1418

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	26	16	65	0	80		80	0
SURF	12+1/4	9+5/8	36	0	2,000	760	2,000	0
1ST	8+3/4	7	26	0	6,134	820	6,134	0
2ND	6+1/8	4+1/2	11.6	0	10,212			

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

33. Comments Rule 305/306 consultations were waived. This is a refile for an APD that expires 5/11/12. APD is updated with new casing and cementing program that was previously sundried and approved. Nothing else has been changed since last reviewed/approved.

34. Location ID: 413956

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: BRADY RILEY

Title: PERMIT ANALYST Date: _____ Email: BRILEY@BILLBARRETTCORP

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
05 033 06148 00

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
400268136	SURFACE AGRMT/SURETY
400268138	DEVIATED DRILLING PLAN
400268139	WELL LOCATION PLAT
400268141	TOPO MAP

Total Attach: 4 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)