

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



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APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE Refiling Sidetrack

Document Number:

400007499

Plugging Bond Surety

20010124

3. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP 4. COGCC Operator Number: 471205. Address: P O BOX 173779City: DENVER State: CO Zip: 80217-37796. Contact Name: Cheryl Light Phone: (720)929-6461 Fax: (720)929-7461Email: Cheryl.Light@anadarko.com7. Well Name: RASMUSSEN Well Number: 25-29

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

9. Proposed Total Measured Depth: 8137

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 29 Twp: 2N Rng: 68W Meridian: 6Latitude: 40.104490 Longitude: -105.024720Footage at Surface: 787 FNL/FSL FSL 1961 FEL/FWL FEL11. Field Name: Spindle Field Number: 7790012. Ground Elevation: 4934 13. County: WELD

14. GPS Data:

Date of Measurement: 07/30/2008 PDOP Reading: 6.0 Instrument Operator's Name: Chris Pearson15. 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 _____

2530 FNL 2550 FWL 2530 FNL 2550 FWLSec: 29 Twp: 2N Rng: 68W Sec: 29 Twp: 2N Rng: 68W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 186518. Distance to nearest property line: 787 19. Distance to nearest well permitted/completed in the same formation: 848

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.)
Niobrara/Codell	NBCD	407	160	SE/4 SW/4 NW/4 NE/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#: _____

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 Bon \$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

25. Distance to Nearest Mineral Lease Line: 80 26. Total Acres in Lease: 1378

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 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

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	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24	835	585	835	
1ST	7+7/8	4+1/2	11.6	8,137	200	8,137	

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

33. Comments No conductor casing will be used

34. Location ID: 336059

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: Senior Regulatory Analyst Date: _____ Email: cheryl.light@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: _____ Director of COGCC Date: _____

API NUMBER	Permit Number: _____	Expiration Date: _____
05	CONDITIONS OF APPROVAL, IF ANY:	

Attachment Check List

Att Doc Num	Name	Doc Description
400008097	MULTI-WELL PLAN	RASMUSSEN 9 PAD.pdf
400008098	DRILLING PLAN	RASMUSSEN 25-29 DIRECTIONAL.pdf
400008099	OIL & GAS LEASE	RASMUSSEN 25-29 OGL.pdf
400008100	WELL LOCATION PLAT	RASMUSSEN 25-29 PLAT.pdf
400008101	PROPOSED SPACING UNIT	RASMUSSEN 25-29 SPACING MAP.pdf
400008102	TOPO MAP	RASMUSSEN 25-29 Topo.pdf
400008103	30 DAY NOTICE LETTER	RASMUSSEN NOTICE LETTER.pdf
400008104	SURFACE AGRMT/SURETY	SURFACE USE AGREEMENT.pdf

Total Attach: 8 Files