

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

Refilling
Sidetrack

Document Number:
1711926
Plugging Bond Surety
20060108

3. Name of Operator: ORION ENERGY PARTNERS LP 4. COGCC Operator Number: 10101

5. Address: 1675 BROADWAY STE 2000
City: DENVER State: CO Zip: 80202

6. Contact Name: STEVE J.HAHN Phone: (303)595-3030X1 Fax: (303)595-3043
Email: GREGORY.DAVIS@WILLIAMS.COM

7. Well Name: JOLLEY Well Number: 16-210D

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

9. Proposed Total Measured Depth: 8575

WELL LOCATION INFORMATION

10. QtrQtr: NWSW Sec: 16 Twp: 6S Rng: 91W Meridian: 6
Latitude: 39.526739 Longitude: -107.566496

Footage at Surface: 2213 FNL/FSL FSL 729 FEL/FWL FWL

11. Field Name: KOKOPELLI Field Number: 47525

12. Ground Elevation: 6712 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 05/09/2008 PDOP Reading: 2.1 Instrument Operator's Name: GEORGE BAUER

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 _____
2100 FSL 1980 FWL 2100 FSL 1980 FWL
Sec: 16 Twp: 6S Rng: 91W Sec: 16 Twp: 6S 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: 213

18. Distance to nearest property line: 1929 19. Distance to nearest well permitted/completed in the same formation: 390

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.)
ILES	ILES	513-4		
WILLIAMS FORK	WMFK	513-4		

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):
MAP ATTACHED.

25. Distance to Nearest Mineral Lease Line: 528 26. Total Acres in Lease: 1040

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
CONDUCTOR	24	16	65	70	100	70	0
SURF	12+1/4	8+5/8	32	1,000	570	1,000	0
1ST	7+7/8	4+1/2	11.6	8,575	1,270	8,575	2,920

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

33. Comments 133' DERRICK

34. Location ID: 335447

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: STEVE J. HAHN

Title: ANALYST Date: 7/23/2009 Email: GREGORY.DAVIS@WILLIAMS

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. Neslin Director of COGCC Date: 10/15/2009

Permit Number: _____ Expiration Date: 10/14/2010

API NUMBER
05 045 17259 00

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

Comment

Agency

OPERATOR SHALL COMPLY WITH RULE 317B.f FOR EXISTING LOCATION WITHIN RULE 317B BUFFER ZONE.

24 HOUR SPUD NOTICE REQUIRED. E-MAIL: david.andrews@state.co.us GARFIELD COUNTY RULISON FIELD NOTICE TO OPERATORS. NOTE: ALL NOTICES SHALL BE GIVEN VIA E-MAIL. SEE ATTACHED NOTICE NEW MAMM CREEK FIELD NOTICE TO OPERATORS APPLIES TO THIS WELL. NOTE: ALL NOTICES SHALL BE GIVEN VIA E-MAIL. SEE ATTACHED NOTICE THE MOISTURE CONTENT OF ANY DRILL CUTTINGS IN A CUTTINGS PIT, TRENCH, OR PILE SHALL BE AS LOW AS PRACTICABLE TO PREVENT ACCUMULATION OF LIQUIDS GREATER THAN DE MINIMIS AMOUNTS. AT THE TIME OF CLOSURE, THE DRILL CUTTINGS MUST ALSO MEET THE APPLICABLE STANDARDS OF TABLE 910-1. THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1-MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1-MILE IS 160 FEET DEEP.

Attachment Check List

Att Doc Num	Name	Doc Description
1711926	APD ORIGINAL	LF@2109716 1711926
1712605	WAIVERS	LF@2138124 1712605
1712678	CORRESPONDENCE	LF@2142675 1712678

Total Attach: 3 Files