

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:

1711923

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: 16-29D

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

9. Proposed Total Measured Depth: 8560

WELL LOCATION INFORMATION

10. QtrQtr: NWSW Sec: 16 Twp: 6S Rng: 91W Meridian: 6

Latitude: 39.526793 Longitude: -107.566507

Footage at Surface: 2233 FNL/FSL FSL 727 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 2490 FSL 1980 FEL/FWL FWL Bottom Hole: FNL/FSL 2490 FSL 1980 FEL/FWL FWL
Sec: 16 Twp: 6 Rng: 91W Sec: 16 Twp: 6 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: 138 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	8,560	1,270	8,560	2,905

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

API NUMBER

05 045 17260 00

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

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.

p {margin:0px 0px 0px 2px;} ul {margin-top:2px;margin-bottom:2px;} ol {margin-top:2px;margin-bottom:2px;} H1 {font-family:Arial;font-size:28px;text-align:Left;vertical-align:Middle;color:#000000;font-weight:bold;} H2 {font-family:Arial;font-size:24px;text-align:Left;vertical-align:Middle;color:#000000;font-weight:bold;} H3 {font-family:Arial;font-size:18px;text-align:Left;vertical-align:Middle;color:#000000;font-weight:bold;} .Normal {font-family:Arial;font-size:14px;text-align:Left;vertical-align:Middle;color:#000000;} .TableDefault {border-collapse:collapse;border:1px solid #000000;} .TableDefault th {padding:2px;vertical-align:top;text-align:left;border:1px solid #000000;} .TableDefault td {padding:2px;vertical-align:top;text-align:left;border:1px solid #000000;} 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
1711923	APD ORIGINAL	LF@2109719 1711923
1712608	WAIVERS	LF@2138130 1712608
1712681	CORRESPONDENCE	LF@2142681 1712681

Total Attach: 3 Files