

**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



DE	ET	OE	ES
----	----	----	----

Document Number:  
**1637418**  
Plugging Bond Surety

**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

3. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY 4. COGCC Operator Number: 96850  
 5. Address: 1515 ARAPAHOE ST STE 1000  
 City: DENVER State: CO Zip: 80202  
 6. Contact Name: GREG DAVIS Phone: (303)606-4071 Fax: (303)629-8272  
 Email: GREG.J.DAVIS@WILLIAMS.COM  
 7. Well Name: SAVAGE Well Number: RWF 414-35  
 8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_  
 9. Proposed Total Measured Depth: 7992

**WELL LOCATION INFORMATION**

10. QtrQtr: SWSW Sec: 35 Twp: 6S Rng: 94W Meridian: 6  
 Latitude: 39.476180 Longitude: -107.862828  
 Footage at Surface: 568 FNL/FSL FSL 574 FEL/FWL FWL  
 11. Field Name: RULISON Field Number: 75400  
 12. Ground Elevation: 5807 13. County: GARFIELD

14. GPS Data:  
Date of Measurement: 07/30/2008 PDOP Reading: 6.0 Instrument Operator's Name: J. KIRKPATRICK

15. If well is  Directional  Horizontal (highly deviated) **submit deviated drilling plan.**  
 Footage at Top of Prod Zone: FNL/FSL 306 FSL 2113 FWL FWL Bottom Hole: FNL/FSL 306 FSL 2113 FWL FWL  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ Sec: 35 Twp: 6S Rng: 94W

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: 340  
 18. Distance to nearest property line: 549 19. Distance to nearest well permitted/completed in the same formation: 350

**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.)
WILLIAMS FORK	WMFK	139-66	640	ALL

21. Mineral Ownership:  Fee  State  Federal  Indian Lease #: COC128379

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

25. Distance to Nearest Mineral Lease Line: 225 26. Total Acres in Lease: 160

### 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: EVAPORATION & BACKFIL

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	18	48	45	25	45	0
SURF	13+1/2	9+5/8	32.3	1,102	384	1,102	0
1ST	7+7/8	4+1/2	11.6	7,992	648	7,992	

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

33. Comments LOCATION HAS BEEN CONSTRUCTED. PITS ARE CONSTRUCTED. NO PAD EXPANSION IS NECESSARY. NO RIG ON LOCATION. CLOSED LOOP. THERE HAVE BEEN NO CHANGES TO LEASE CONDITIONS SINCE THE ORIGINAL FORM 2 WAS FILED, NOT IN AN RSO.

34. Location ID: 334873

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: GREG J. DAVIS

Title: SUPERVISOR PERMITS Date: \_\_\_\_\_ Email: GREG.J.DAVIS@WILLIAMS.C

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: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**API NUMBER**

05 045 18035 00

**CONDITIONS OF APPROVAL, IF ANY:**

---

**Attachment Check List**

Att Doc Num	Name	Doc Description
1637418	APD ORIGINAL	LF@2166434 1637418

Total Attach: 1 Files