

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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Document Number:

1637419

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 423-35

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

9. Proposed Total Measured Depth: 8503

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 35 Twp: 6S Rng: 94W Meridian: 6

Latitude: 39.476231 Longitude: -107.862737

Footage at Surface: 586 FSL 599 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 FEL/FWL Bottom Hole: FNL/FSL FEL/FWL
1384 FSL 294 FWL 1384 FSL 2494 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: 382

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.)
WILLIAMS FORK	WMFK	139-66	640	ALL

21. Mineral Ownership: Fee State Federal Indian Lease #: COC07506

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: 90 26. Total Acres in Lease: 1595

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	2,116	740	2,116	0
1ST	7+7/8	4+1/2	11.6	8,503	660	8,503	

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

33. Comments **LOCATION HAS BEEN CONSTRUCTED. PITS ARE CONSTRUCTED. NO PAD EXPANSION IS NECCESARY. 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. SEE WILLIAMS PRODUCTION RMT COMPANY MASTERAPD, STANDARD OPERATING PRACTICES VERSION: APRIL 27, 2006.**

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 18034 00

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num	Name	Doc Description
1637419	APD ORIGINAL	LF@2166431 1637419
1637420	APD ORIGINAL	LF@2166433 1637420

Total Attach: 2 Files