

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:

1637434

Plugging Bond Surety

3. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY 4. COGCC Operator Number: 968505. Address: 1515 ARAPAHOE ST STE 1000City: DENVER State: CO Zip: 802026. Contact Name: HOWARD HARRIS Phone: (303)606-4086 Fax: (303)629-8272Email: HOWARD.HARRIS@WILLIAMS.COM7. Well Name: FEDERAL Well Number: PA 423-21

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

9. Proposed Total Measured Depth: 8386

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 21 Twp: 6S Rng: 95W Meridian: 6Latitude: 39.508992 Longitude: -108.005428Footage at Surface: 2368 FNL/FSL FSL 2168 FEL/FWL FWL

11. Field Name: _____ Field Number: _____

12. Ground Elevation: 5839 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 10/22/2008 PDOP Reading: 2.3 Instrument Operator's Name: ROBERT KAY15. 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 _____

2006 FSL 2098 FWL 2006 FSL 2098 FWLSec: _____ Twp: _____ Rng: _____ Sec: 21 Twp: 6S Rng: 95W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 118. Distance to nearest property line: 2400 19. Distance to nearest well permitted/completed in the same formation: 361

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	440-25		UNSPACED

21. Mineral Ownership: Fee State Federal Indian Lease #: COC62161

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: 2006 26. Total Acres in Lease: 2299

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: RE-USE & EVAP & BACKFL

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	839	293	839	0
1ST	7+7/8	4+1/2	11.6	8,386	612	8,386	

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

33. Comments LOCATION IS NOT IN A RSO, PAD IS BUILT, THERE WILL BE NO ADDITIONAL DISTURBANCE, NO RIG ON LOCATION. SEE WILLIAMS PRODUCTION RMT MASTER APD DATED 4/27/06 FOR FEDERAL 10 POINT DRILLING PLAN & 13 POINT SURFACE USE PLAN, CLOSED MUD SYSTEM TO BE USED. THERE HAVE BEEN NO CHANGES TO SURFACE USE, LEASE CONDITIONS, OR DRILLING PLANS SINCE THE ORIGINAL FORM 2 WAS SUBMITTED. CUTTINGS PIT BUILT.

34. Location ID: 335256

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: HOWARD HARRIS

Title: SR REG SPEC Date: _____ Email: HOWARD.HARRIS@WILLIAM

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 18043 00

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num	Name	Doc Description
1637434	APD ORIGINAL	LF@2166487 1637434
1637436	APD ORIGINAL	LF@2166489 1637436

Total Attach: 2 Files