

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:
1637565
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: HOWARD HARRIS Phone: (303)606-4086 Fax: (303)629-8272
Email: HOWARD.HARRIS@WILLIAMS.COM

7. Well Name: TRI STATE TRUCKING Well Number: PA 333-25

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

9. Proposed Total Measured Depth: 8079

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 25 Twp: 6S Rng: 95W Meridian: 6
Latitude: 39.496647 Longitude: -107.950065

Footage at Surface: 2372 FNL/FSL FNL 1793 FEL/FWL FWL

11. Field Name: PARACHUTE Field Number: 67350

12. Ground Elevation: 5223 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 09/08/2008 PDOP Reading: 6.0 Instrument Operator's Name: KJ. KIRKPATRICK

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 2121 FSL 2115 FEL/FWL 2121 FSL 2115 FEL
Sec: _____ Twp: _____ Rng: _____ Sec: 25 Twp: 6S Rng: 95W

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: 800

18. Distance to nearest property line: 424 19. Distance to nearest well permitted/completed in the same formation: 311

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	440-51	160	SE4

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):
SEE ATTACHED

25. Distance to Nearest Mineral Lease Line: 460 26. Total Acres in Lease: 11550

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 AND BAC

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	1,108	730	1,108	0
1ST	7+7/8	4+1/2	11.6	8,079	622	8,079	

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

33. Comments LOCATION IS NOT IN AN RSO, PAD IS BUILT, THERE WILL BE NO ADDITIONAL DISTURBANCE, NO RIG ON LOCATION. THERE HAVE BEEN NO CHANGES TO SURFACE USE, LEASE CONDITIONS, OR DRILLING PLANS SINCE THE ORIGINAL FORM 2 WAS SUBMITTED, EXCEPT FOR CHANGE IN SURFACE CASING FROM 2235' TO 1108' MD WHICH IS BEING REFLECTED ON THIS FROM 2. CLOSED LOOP, CUTTINGS TRENCH IS BUILT.

34. Location ID: 335123

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 17991 00

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num	Name	Doc Description
1637565	APD ORIGINAL	LF@2170820 1637565

Total Attach: 1 Files