

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:

2079227

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: 968505. Address: 1515 ARAPAHOE ST STE 1000City: DENVER State: CO Zip: 802026. Contact Name: HOWARD HARRIS Phone: (303) Fax: ()

Email: _____

7. Well Name: DIAMOND ELK Well Number: PA 431-12

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

9. Proposed Total Measured Depth: 8191

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 12 Twp: 7S Rng: 95W Meridian: 6Latitude: 39.458694 Longitude: -107.944387
 Footage at Surface: 391 FNL/FSL FNL 1940 FEL/FWL FEL
11. Field Name: PARACHUTE Field Number: 6735012. Ground Elevation: 6289 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 07/08/2009 PDOP Reading: 6.0 Instrument Operator's Name: J. KIRKPATRICK15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 1041 FNL 1936 FEL Bottom Hole: FNL/FSL 1041 FNL 1936 FELSec: 12 Twp: 7S Rng: 95W Sec: 12 Twp: 7S 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: 331 ft18. Distance to nearest property line: 606 ft 19. Distance to nearest well permitted/completed in the same formation: 315 ft

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.)
WILLIAMSFORK	WMFK	440-16	640	SECTION(ALL)

21. Mineral Ownership: Fee State Federal Indian Lease #: CACO07217
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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: 333 ft 26. Total Acres in Lease: 669

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

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	1,104	385	1,104	0
1ST	7+7/8	4+1/2	11.6	7,141	602	7,141	

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

33. Comments CLOSED LOOP MUD SYSTEM. THERE WILL BE TOTAL OF 64 WELLS IN SECTION WHEN DRILLED OUT, THERE IS TOTAL OF 658 ACRES IN SECTION.

34. Location ID: 334723

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: REGULATORY 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: _____

API NUMBER	Permit Number: _____	Expiration Date: _____
05		

CONDITIONS OF APPROVAL, IF ANY:

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
2079227	APD ORIGINAL	LF@2182113 2079227
2079228	LOCATION PICTURES	LF@2181831 2079228
2079229	LOCATION PICTURES	LF@2181832 2079229
2079230	LOCATION PICTURES	LF@2181830 2079230
2079231	WELL LOCATION PLAT	LF@2182114 2079231
2079232	TOPO MAP	LF@2182115 2079232
2079233	MINERAL LEASE MAP	LF@2182116 2079233
2079234	DEVIATED DRILLING PLAN	LF@2182117 2079234
2109312	DRILLING PLAN	LF@2182118 2109312

Total Attach: 9 Files