

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:

2079790

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: GREG DAVIS Phone: (303)606-4071 Fax: (303)629-8272Email: GREG.J.DAVIS@WILLIAMS.COM7. Well Name: HOEPPLI Well Number: RWF 321-36

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

9. Proposed Total Measured Depth: 8957

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 36 Twp: 6S Rng: 94W Meridian: 6Latitude: 39.485209 Longitude: -107.839815
 Footage at Surface: 1548 FNL/FSL FNL 1737 FEL/FWL FWL
11. Field Name: RULISON Field Number: 7540012. Ground Elevation: 6392.4 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 06/06/2008 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 270 FNL 2116 FWL 270 FNL 2116 FWL
 Bottom Hole: FNL/FSL 270 FNL 2116 FWL
 Sec: 36 Twp: 6S Rng: 94W Sec: 36 Twp: 6S Rng: 94W
16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 2424 ft18. Distance to nearest property line: 346 ft 19. Distance to nearest well permitted/completed in the same formation: 842 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.)
WILLIAMS FORK	WMFK	139-66	640	

21. Mineral Ownership: Fee State Federal Indian Lease #: CA
COC53640

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: 782 ft 26. Total Acres in Lease: 800

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	1,112	300	1,112	0
1ST	7+7/8	4+1/2	11.6	8,957	1,000	8,957	

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

33. Comments **LOCATION HAS BEEN CONSTRUCTEDM, PITS ARE CONSTRUCTED, NO PAD EXPANSION IS NECESSARY, NO RIG ON LOCATION. CLOSED LOOP. THERE HAVE BEEN NO CHANGES TO SURFACE USE, LEASE CONDITIONS, OR DRILLING PLANS SINCE THE ORIGINAL FORM 2 WAS SUBMITTED. NOT IN AN RSO.**

34. Location ID: _____

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 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 17856 00

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
2079790	APD ORIGINAL	LF@2192090 2079790

Total Attach: 1 Files