

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:
1774680
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)606-4701 Fax: (303)629-8272
 Email: GREG.J.DAVIS@WILLIAMS.COM
 7. Well Name: SAVAGE Well Number: RWF 32-27
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 7962

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 27 Twp: 6S Rng: 94W Meridian: 6
 Latitude: 39.493459 Longitude: -107.871370
 Footage at Surface: 1665 FNL/FSL FSL 1839 FEL/FWL FEL
 11. Field Name: RULISON Field Number: 75400
 12. Ground Elevation: 5259 13. County: GARFIELD

14. GPS Data:
Date of Measurement: 04/30/2008 PDOP Reading: 3.0 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 2140 FNL 1981 FEL FEL Bottom Hole: FNL/FSL 2140 FNL 1981 FEL FEL
 Sec: _____ Twp: _____ Rng: _____ Sec: 27 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: 1151 ft
 18. Distance to nearest property line: 616 ft 19. Distance to nearest well permitted/completed in the same formation: 403 ft

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	139-66	640	ALL

21. Mineral Ownership: Fee State Federal Indian Lease #: COC2799

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: 100 ft 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: RE-USED

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	390	1,112	0
1ST	7+7/8	4+1/2	11.6	7,982	700	7,982	

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

33. Comments SEE WILIAMS RMT COMPANY MASTER APD, STANDARD OPERATING PRACTICES VERSION: APRIL 27, 2006.

34. Location ID: 335278

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: _____

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
1774681	LOCATION PICTURES	LF@2186908 1774681
1774682	LOCATION PICTURES	LF@2186910 1774682
1774683	LOCATION PICTURES	LF@2186912 1774683

Total Attach: 3 Files