

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:

2585359

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: LISA DEE Phone: (303)260-4538 Fax: (303)629-8268

Email: _____

7. Well Name: CHEVRON Well Number: TR 414-28-597

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

9. Proposed Total Measured Depth: 9330

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 28 Twp: 5S Rng: 97W Meridian: 6Latitude: 39.580075 Longitude: -108.285371Footage at Surface: 969 FNL/FSL FSL 1960 FEL/FWL FWL11. Field Name: TRAIL RIDGE Field Number: 8382512. Ground Elevation: 8374.2 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 01/05/2009 PDOP Reading: 1.0 Instrument Operator's Name: PAT MCLINSKEY15. 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

511 FNL 569 FWL 511 FSL 569 FWLSec: 28 Twp: 5S Rng: 97W Sec: 28 Twp: 5S Rng: 97W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 17424 ft18. Distance to nearest property line: 6494 ft 19. Distance to nearest well permitted/completed in the same formation: 313 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.)
ILES	ILES	510-44		
WILLIAMS FORK	WMFK	510-17		

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: 2913 ft 26. Total Acres in Lease: 17315

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: EVAPORATION AND BACK

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	60	100	60	0
SURF	14+3/4	9+5/8	32.3	2,661		2,661	0
1ST	7+7/8	4+1/2	11.6	9,330		9,330	

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

33. Comments CEMENT WILL BE CIRCULATED TO THE SURFACE IN THE CONDUCTOR & SURFACE STRINGS. CEMENT WILL BE CIRCULATED TO 200' ABOVE THE UPPERMOST MESAVERDE SAND IN THE PRODUCTION STRING. LOCATION CONSTRUCTED. NO EXPANSION NEEDED - NO ADDITIONAL SURFACE DISTURBANCE. NEW PRODUCTION PIT WILL BE DUG - SEE 2A FOR DETAILS. BHL AND TD SHIFT. REVISED WELL PLAT AND DIRECTIONAL INCLUDED.

34. Location ID: 335925

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: LISA DEE

Title: REGULATORY Date: _____ Email: LISA.DEE@WILLIAMS.CO

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 17811 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
2585359	APD ORIGINAL	LF@2204588 2585359
2585360	WELL LOCATION PLAT	LF@2204589 2585360
2585361	DEVIATED DRILLING PLAN	LF@2204590 2585361

Total Attach: 3 Files