

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:

2094277

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: HOWARD HARRIS Phone: (303)606-4086 Fax: (303)629-8272Email: HOWARD.HARRIS@WILLIAMS.COM7. Well Name: SAVAGE Well Number: PA 512-9

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

9. Proposed Total Measured Depth: 7270

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 9 Twp: 7S Rng: 95W Meridian: 6Latitude: 39.457020 Longitude: -108.005572Footage at Surface: 844 FNL/FSL FNL 1769 FEL/FWL FWL11. Field Name: PARACHUTE Field Number: 6735012. Ground Elevation: 5715 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 07/24/2008 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 2367 FNL 672 FWL 2367 FNL 672 FWL 672 FWLSec: 9 Twp: 7S Rng: 95W Sec: 9 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: 477 ft18. Distance to nearest property line: 1996 ft 19. Distance to nearest well permitted/completed in the same formation: 1167 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	440-56	640	ALL

21. Mineral Ownership: Fee State Federal Indian Lease #: CACOC6707
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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: 660 ft 26. Total Acres in Lease: 736

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	32.2	1,083	378	1,083	0
1ST	7+7/8	4+1/2	11.6	7,270	529	7,270	

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

33. Comments CLOSED LOOP MUD SYSTEM. 1 WELL ALREADY PERMITTED, SUBMITTING 3 MORE AT THIS TIME, 4 WELLS DRILLED FIRST VISIT THEN TOTAL OF 15 WHEN DRILLED OUT. PAD ALREADY CONSTRUCTED.

34. Location ID: 324452

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
2094277	APD ORIGINAL	LF@2213163 2094277
2094278	WELL LOCATION PLAT	LF@2213164 2094278
2094279	TOPO MAP	LF@2213165 2094279
2094280	OIL & GAS LEASE	LF@2213166 2094280
2094281	SURFACE AGRMT/SURETY	LF@2213167 2094281
2094282	DEVIATED DRILLING PLAN	LF@2213168 2094282
2094283	DRILLING PLAN	LF@2213169 2094283
2094284	CONST. LAYOUT DRAWINGS	LF@2213170 2094284
2094285	HYDROLOGY MAP	LF@2213171 2094285
2094286	LOCATION DRAWING	LF@2213172 2094286
2094287	LOCATION PICTURES	LF@2213274 2094287
2094288	LOCATION PICTURES	LF@2213273 2094288
2094289	LOCATION PICTURES	LF@2213272 2094289
2094290	REFERENCE AREA MAP	LF@2213173 2094290

Total Attach: 14 Files