

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



DE ET OE ES

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:

400040981

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: Jennifer Head Phone: (303)606-4342 Fax: (303)629-8275Email: Jennifer.Head@Williams.com7. Well Name: Federal RGU Well Number: 341-25-1988. Unit Name (if appl): Ryan Gulch Unit Unit Number: COC068239

X

9. Proposed Total Measured Depth: 12927

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 25 Twp: 1S Rng: 98W Meridian: 6Latitude: 39.940892 Longitude: -108.340134Footage at Surface: 261 FNL/FSL FNL 1931 FEL/FWL FEL11. Field Name: Sulphur Creek Field Number: 8009012. Ground Elevation: 6440.5 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 10/08/2008 PDOP Reading: 2.4 Instrument Operator's Name: Mark Bessie15. 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

509 FNL 650 FEL 509 FNL 650 FELSec: 25 Twp: 1S Rng: 98W Sec: 25 Twp: 1S Rng: 98W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 719 ft18. Distance to nearest property line: 11088 ft 19. Distance to nearest well permitted/completed in the same formation: 334 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			
Sego	SEGO			
Williams Fork	WMFK			

21. Mineral Ownership: Fee State Federal Indian Lease #: COC060733

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):
T1S, R98W: Section 24, Lots 1-16; Section 25, Lots 1-16

25. Distance to Nearest Mineral Lease Line: 650 ft 26. Total Acres in Lease: 1238

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 & Backfilling

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	26+3/4	18	48#	80	135	80	
SURF	14+3/4	9+5/8	36#	3,960		3,960	
3RD	8+3/4	4+1/2	11.6#	12,927		12,927	

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

33. Comments Cement will be circulated to the surface in the Conductor String. Cement will be circulated to 200' above the uppermost Mesaverde sand in the Production String. This is a new drilling location.

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: Jennifer Head

Title: Regulatory Team Lead Date: _____ Email: Jennifer.Head@Williams.com

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
400041654	WELL LOCATION PLAT	341-25-198 cwp.pdf
400041655	DEVIATED DRILLING PLAN	341-25-198 dir.pdf
400041656	TOPO MAP	APD topo map.pdf
400041956	FED. DRILLING PERMIT	341-25-198 fed apd.pdf

Total Attach: 4 Files