

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

Refilling
Sidetrack

Document Number:
400043342
Plugging Bond Surety

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: Lisa Dee Phone: (303)260-4538 Fax: (303)629-8268
Email: Lisa.Dee@Williams.com

7. Well Name: Chevron TR Well Number: 432-32-597

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

9. Proposed Total Measured Depth: 8828

WELL LOCATION INFORMATION

10. QtrQtr: NENE Sec: 32 Twp: 5s Rng: 97w Meridian: 6
Latitude: 39.574594 Longitude: -108.293662

Footage at Surface: 1027 FNL/FSL FNL 389 FEL/FWL FEL

11. Field Name: Trail Ridge Field Number: 83825

12. Ground Elevation: 8259 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 07/22/2008 PDOP Reading: 2.8 Instrument Operator's Name: Mark Bessie

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 1678 FNL 2012 FEL FEL Bottom Hole: FNL/FSL 1678 FNL 2012 FEL FEL
Sec: 32 Twp: 5s Rng: 97w Sec: 32 Twp: 5s Rng: 97w

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: 13517 ft

18. Distance to nearest property line: 5861 ft 19. Distance to nearest well permitted/completed in the same formation: 311 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	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 lease map

25. Distance to Nearest Mineral Lease Line: 1678 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 & 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	18	48#	60	100	60	
SURF	14+3/4	9+5/8	32.3#	2,957		2,957	
3RD	7+7/8	4+1/2	11.6#	8,828		8,828	

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, will be expanded. New pits will be constructed. See plat. Rule 305 30 Day Land Owner Notice Waived.

34. Location ID: 335915

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 Specialist Date: 3/30/2010 Email: Lisa.Dee@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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER
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
400043349	WELL LOCATION PLAT	01_432-32-597_well loc plat.pdf
400043350	TOPO MAP	02_41-32-597_topo.pdf
400043351	LEASE MAP	03_TR LEASE MAP.pdf
400043352	DEVIATED DRILLING PLAN	05_432-32-597_dev drilling plan.pdf
400050837	SURFACE AGRMT/SURETY	41-32-597_SUA.pdf

Total Attach: 5 Files