

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:

400055912

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: Holl Well Number: RWF 413-31

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

9. Proposed Total Measured Depth: 7882

WELL LOCATION INFORMATION

10. QtrQtr: NWSW Sec: 31 Twp: 6S Rng: 94W Meridian: 6Latitude: 39.479967 Longitude: -107.934377Footage at Surface: 2123 FNL/FSL FSL 994 FEL/FWL FWL11. Field Name: Rulison Field Number: 7540012. Ground Elevation: 5351 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 08/15/2008 PDOP Reading: 5.9 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 1422 FSL 921 FWL 1422 FSL 921 FWLSec: 31 Twp: 6S Rng: 94W Sec: 31 Twp: 6S Rng: 94W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 454 ft18. Distance to nearest property line: 335 ft 19. Distance to nearest well permitted/completed in the same formation: 382 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	139-83	320	S/2 Fee Pooled

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: _____ 80 ft _____ 26. Total Acres in Lease: _____ 55 _____

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, Evaporation & backf

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	1,100	384	1,100	0
1ST	7+7/8	4+1/2	11.6	7,881	619	7,881	4,077

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

33. Comments Closed mud system. Top of cement will be approx. 200' above the top of the Mesaverde. Surface use agreement is attached to form 2A.

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: Howard Harris

Title: Sr. Regulatory Specialist Date: _____ Email: howard.harris@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
400056189	LOCATION DRAWING	Location Plat RWF 413-31.pdf
400056191	MINERAL LEASE MAP	Holl Lease.pdf
400056192	DEVIATED DRILLING PLAN	RWF 413-31 dir page plot#2 09Apr10 kjs.pdf
400056194	DEVIATED DRILLING PLAN	RWF 413-31 dir plan#2 09Apr10 kjs.pdf

Total Attach: 4 Files