

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:
1712835
Plugging Bond Surety
20030107

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: HOWARD HARRIS Phone: (303)606-4086 Fax: (303)629-8272
Email: HOWARD.HARRIS@WILLIAMS.COM

7. Well Name: SAVAGE Well Number: PA 434-4

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

9. Proposed Total Measured Depth: 7141

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 4 Twp: 7S Rng: 95W Meridian: 6
Latitude: 39.459689 Longitude: -108.000700

Footage at Surface: 129 FNL/FSL FSL 2044 FEL/FWL FEL

11. Field Name: PARACHUTE Field Number: 67350

12. Ground Elevation: 5756 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 07/08/2009 PDOP Reading: 6.0 Instrument Operator's Name: J. KIRKPATRICK

15. 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 _____
714 FSL 1945 FEL 714 FSL 1945 FEL
Sec: 4 Twp: 7S Rng: 95W Sec: 4 Twp: 7S Rng: 95W

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: 1388 ft

18. Distance to nearest property line: 762 ft 19. Distance to nearest well permitted/completed in the same formation: 371 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	440-35	640	ALL

21. Mineral Ownership: Fee State Federal Indian Lease #: 0

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: 566 ft 26. Total Acres in Lease: 200

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	32.3	714	249	714	0
1ST	7+7/8	4+1/2	11.6	7,141	573	7,141	

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

33. Comments CLOSED LOOP MUD SYSTEM. TOP OF CEMENT ON PRODUCTION CASING IS 200 ABOVE UPPERMOST MESAVERDE SAND. CA 051015

34. Location ID: 334654

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: 9/21/2009 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: David S. Nash Director of COGCC Date: 11/5/2009

API NUMBER: **05 045 18836 00** Permit Number: _____ Expiration Date: 11/4/2011

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.

24-HOUR SPUD NOTICE REQUIRED. E-MAIL david.Andrews@state.co.us GARFIELD COUNTY RULISON-FIELD NOTICE TO OPERATORS. NOTE: ALL NOTICES SHALL BE GIVEN VIA E-MAIL. SEE ATTACHED NOTICE.
CEMENT-TOP VERIFICATION BY CBL REQUIRED. THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1-MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1-MILE IS 275 FEET DEEP.

Attachment Check List

Att Doc Num	Name	Doc Description
1712836	WELL LOCATION PLAT	LF@2147524 1712836
1712837	ACCESS ROAD MAP	LF@2147525 1712837
1712838	OIL & GAS LEASE	LF@2147526 1712838
1712839	SURFACE AGRMT/SURETY	LF@2147527 1712839
1712840	DEVIATED DRILLING PLAN	LF@2147528 1712840
1712841	DRILLING PLAN	LF@2147529 1712841
400015946	APD ORIGINAL	LF@2147523 400015946

Total Attach: 7 Files