

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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Document Number:
400061663
Plugging Bond Surety
20030107

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

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: Federal Well Number: SP 432-14
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 9152

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 14 Twp: 7S Rng: 95W Meridian: 6
 Latitude: 39.438074 Longitude: -107.964990
 Footage at Surface: 2542 FNL/FSL FNL 2579 FEL/FWL FEL
 11. Field Name: Parachute Field Number: 67350
 12. Ground Elevation: 7637 13. County: GARFIELD

14. GPS Data:
Date of Measurement: 05/18/2009 PDOP Reading: 5.9 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 2100 FNL 1979 FEL FEL Bottom Hole: FNL/FSL 2100 FNL 1979 FEL FEL
 Sec: 14 Twp: 7S Rng: 95W Sec: 14 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: 2829 ft
 18. Distance to nearest property line: 2526 ft 19. Distance to nearest well permitted/completed in the same formation: 306 ft

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	139-64	640	Section

21. Mineral Ownership: Fee State Federal Indian Lease #: COC05173

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: 1895 ft 26. Total Acres in Lease: _____

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, Evap. & Backfill

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	7+7/8	32.3	915	319	915	0
1ST	7+7/8	4+1/2	11.6	9,151	592	9,151	5,515

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

33. Comments See Williams Production RMT MAster APD dated 4/27/06 for Federal 10 Point Drilling Plan and 13 Piont Surface Use Plan. Closed mud system. Top of cement for production casing will be approx. 200' above top of Mesaverde.

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
400062546	PLAT	PLAT SP 432-14.pdf
400062547	LEASE MAP	Lease.pdf
400062548	FED. DRILLING PERMIT	SP 432-14 APD.pdf
400062586	CORRESPONDENCE	DOE Letter.pdf

Total Attach: 4 Files