

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:
400064969
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: Lisa Dee Phone: (303)260-4538 Fax: (303)629-8268
Email: Lisa.Dee@Williams.com

7. Well Name: Chevron Well Number: TR 11-35-597

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

9. Proposed Total Measured Depth: 9355

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 27 Twp: 5S Rng: 97W Meridian: 6
Latitude: 39.577981 Longitude: -108.255757

Footage at Surface: 205 FNL/FSL FSL 240 FEL/FWL FEL

11. Field Name: Trail Ridge Field Number: 83825

12. Ground Elevation: 8451 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 09/25/2008 PDOP Reading: 2.4 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 FNL 160 FNL 656 FWL FWL Bottom Hole: FNL/FSL FNL 160 FNL 656 FWL FWL
Sec: 35 Twp: 5S Rng: 97W Sec: 35 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: 18858 ft

18. Distance to nearest property line: 5597 ft 19. Distance to nearest well permitted/completed in the same formation: 1349 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):
Refer to Lease Description submitted with original permit

25. Distance to Nearest Mineral Lease Line: 5440 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	0
SURF	14+3/4	9+5/8	32.3#	2,901		2,901	0
3RD	7+7/8	4+1/2	11.6#	9,355		9,355	

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

33. Comments Note revised depth, BHL and SHL location. Revised Well Location Plat and Directional Plan submitted with APD. Approved 2A on file for well pad. Location constructed, no expansion needed. Cultural distances revised slightly to match approved 2A (Doc #2093524). Cement 200' above uppermost mvrđ sand.

34. Location ID: 324417

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: 5/26/2010 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: David S. Neslin Director of COGCC Date: 7/11/2010

API NUMBER
05 045 14225 00

Permit Number: _____ Expiration Date: 7/10/2012

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.

- 1) COMPLIANCE WITH THE MOST CURRENT REVISION OF THE NORTHWEST COLORADO NOTIFICATION POLICY IS REQUIRED.
- 2) GARFIELD COUNTY RULISON FIELD NOTICE TO OPERATORS. NOTE: ALL NOTICES SHALL BE GIVEN VIA E-MAIL. SEE ATTACHED NOTICE.
- 3) CEMENT TOP VERIFICATION BY CBL REQUIRED.
- 4) 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 000 FEET DEEP.

Attachment Check List

Att Doc Num	Name	Doc Description
400064969	FORM 2 SUBMITTED	LF@2483172 400064969
400065091	WELL LOCATION PLAT	LF@2483173 400065091
400065093	SURFACE AGRMT/SURETY	LF@2483174 400065093
400065094	DEVIATED DRILLING PLAN	LF@2483175 400065094

Total Attach: 4 Files