

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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| DE | ET | OE | ES |
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APPLICATION FOR PERMIT TO:

Document Number:

400074520

Plugging Bond Surety

2003117

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: 968505. Address: 1515 ARAPAHOE ST STE 1000City: DENVER State: CO Zip: 802026. Contact Name: Lisa Dee Phone: (303)260-4538 Fax: (303)629-8268Email: Lisa.Dee@Williams.com7. Well Name: Chevron Well Number: TR 32-21-5978. Unit Name (if appl): NA Unit Number: NA9. Proposed Total Measured Depth: 9163

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 21 Twp: 5S Rng: 97W Meridian: 6Latitude: 39.602630 Longitude: -108.282297
 Footage at Surface: 1364 FNL/FSL FNL 2409 FEL/FWL FEL
11. Field Name: Trail Ridge Field Number: 8382512. Ground Elevation: 8574 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 08/25/2009 PDOP Reading: 1.4 Instrument Operator's Name: Richard Seal15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 1815 FNL 1980 FEL Bottom Hole: FNL/FSL 1815 FNL 1980 FELSec: 21 Twp: 5S Rng: 97W Sec: 21 Twp: 5S Rng: 97W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 7181 ft18. Distance to nearest property line: 8237 ft 19. Distance to nearest well permitted/completed in the same formation: 660 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: 3448 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 | 24 | 18 | 48 | 60 | 100 | 60 | |
| SURF | 14+3/4 | 9+5/8 | 36 | 2,890 | | 2,890 | |
| 3RD | 7+7/8 | 4+1/2 | 11.6 | 9,163 | | 9,163 | |

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

33. Comments Approved 2A for well pad (Doc #2095275). Note revised SHL Lat/Longs, TD and casing depths. Updated well plat and directional plan attached.

34. Location ID: 335603

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: _____ 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: _____

| | | |
|--------------------------------------|----------------------|------------------------|
| API NUMBER 05 045 12269 01 | Permit Number: _____ | Expiration Date: _____ |
|--------------------------------------|----------------------|------------------------|

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 |
|-------------|------------------------|------------------------------------|
| 400079149 | WELL LOCATION PLAT | 01_32-21-597_Cert Welll PLat.pdf |
| 400079153 | DEVIATED DRILLING PLAN | 02_32-21-597_Dev Drilling Plan.pdf |

Total Attach: 2 Files