

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400071257

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: Greg Davis Phone: (303)606-4071 Fax: (303)629-8272

Email: Greg.J.Davis@Williams.com

7. Well Name: Mead Well Number: RWF 442-23

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

9. Proposed Total Measured Depth: 8397

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 23 Twp: 6S Rng: 94W Meridian: 6

Latitude: 39.510016 Longitude: -107.846892

Footage at Surface: 2294 FSL 196 FEL

11. Field Name: Rulison Field Number: 75400

12. Ground Elevation: 5604 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 01/13/2010 PDOP Reading: 2.2 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
2227 FNL 358 FEL 2227 FNL 358 FEL

Sec: 23 Twp: 6S Rng: 94W Sec: 23 Twp: 6S Rng: 94W

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: 674 ft

18. Distance to nearest property line: 184 ft 19. Distance to nearest well permitted/completed in the same formation: 347 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	479-14	320	E/2

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: 358 ft 26. Total Acres in Lease: 267

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 and evaporation

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#	1,107	385	1,107	0
1ST	7+7/8	4+1/2	11.6#	8,397	655	8,397	

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

33. Comments Closed Loop. Cement 200' above uppermost mvrnd sand. CA COC60381

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: Greg Davis

Title: Supervisor Permits Date: _____ Email: Greg.J.Davis@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
400071885	LEGAL/LEASE DESCRIPTION	RWF 43-23 Pad (Atkinson Lse).pdf
400081053	WELL LOCATION PLAT	RWF 442-23 Well Location Plat.pdf
400081054	SURFACE AGRMT/SURETY	RWF 43-23 Mead SUA.pdf
400081056	OTHER	RWF 43-23 BHL Locations.pdf
400081057	TOPO MAP	RWF 43-23 Topo Map.pdf
400089255	DEVIATED DRILLING PLAN	RWF 442-23 Directional Plot and Plan.pdf

Total Attach: 6 Files