

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:
400074532
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: Greg Davis Phone: (303)606-4071 Fax: (303)629-8268
Email: Greg.J.Davis@Williams.com

7. Well Name: Chevron Well Number: TR 442-21-597

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

9. Proposed Total Measured Depth: 9544

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 21 Twp: 5S Rng: 97W Meridian: 6
Latitude: 39.602638 Longitude: -108.282254

Footage at Surface: 1361 feet FNL 2397 feet FEL

11. Field Name: Trail Ridge Field Number: 83825

12. Ground Elevation: 8574 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 08/25/2009 PDOP Reading: 1.4 Instrument Operator's Name: Richard Seal

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
2228 FNL 669 FEL 2228 FNL 669 FEL
Sec: 21 Twp: 5S Rng: 97W Sec: 21 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: 7181 ft

18. Distance to nearest property line: 8237 ft 19. Distance to nearest well permitted/completed in the same formation: 331 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.) |
|------------------------|----------------|-------------------------|-------------------------------|--------------------------------------|
| Iles | ILES | 510-44 | | |
| 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: 3035 ft 26. Total Acres in Lease: 17615

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 | Wt/Ft | Csg/Line Top | Setting Depth | Sacks Cmt | Cmt Btm | Cmt Top |
|-------------|--------------|----------------|-------|--------------|---------------|-----------|---------|---------|
| CONDUCTOR | 26 | 18 | 48# | | 60 | 100 | 60 | 0 |
| SURF | 14+3/4 | 9+5/8 | 32.3# | | 3,088 | 831 | 3,088 | 0 |
| 3RD | 7+7/8 | 4+1/2 | 11.6# | | 9,544 | 770 | 9,544 | |

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

33. Comments Location constructed, will be expanded. Approved 2A on file (Doc #2095275). Rule 305 30 day land owner notice waived in SUA. Cmt 200' above uppermost mvrd sand.

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: 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.

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Attachment Check List

| Att Doc Num | Name |
|-------------|------------------------|
| 400089222 | WELL LOCATION PLAT |
| 400089223 | TOPO MAP |
| 400089224 | LEASE MAP |
| 400089226 | DEVIATED DRILLING PLAN |
| 400120741 | SURFACE AGRMT/SURETY |

Total Attach: 5 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)

BMP

| <u>Type</u> | <u>Comment</u> |
|-------------|----------------|
| | |

Total: 0 comment(s)