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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 COMMINGLE

Refiling
 Sidetrack

Document Number:
 400192668
 Plugging Bond Surety
 20030107

3. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC 4. COGCC Operator Number: 96850
 5. Address: 1001 17TH STREET - SUITE #1200
 City: DENVER State: CO Zip: 80202
 6. Contact Name: Howard Harris Phone: (303)606-4086 Fax: (303)629-8268
 Email: howard.harris@williams.com
 7. Well Name: Duggan Well Number: RWF 22-32
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 8107

WELL LOCATION INFORMATION

10. QtrQtr: NENE Sec: 32 Twp: 6S Rng: 94W Meridian: 6
 Latitude: 39.485689 Longitude: -107.915840
 Footage at Surface: 1096 feet FNL 1319 feet FWL
 11. Field Name: Rulison Field Number: 75400
 12. Ground Elevation: 5538 13. County: GARFIELD

14. GPS Data:
 Date of Measurement: 05/16/2011 PDOP Reading: 1.8 Instrument Operator's Name: J. kirkpatrick

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: 2341 FNL 1429 FWL Bottom Hole: 2341 FNL 1429 FWL
 Sec: 32 Twp: 6S Rng: 94W Sec: 32 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: 1182 ft
 18. Distance to nearest property line: 211 ft 19. Distance to nearest well permitted/completed in the same formation: 313 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	320	N/2 Fee Pooled

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 Bond \$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):

Sse Attached

25. Distance to Nearest Mineral Lease Line: 119 ft

26. Total Acres in Lease: 182

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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite

If 28, 29, or 30 are "Yes" a pit permit may be required.

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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	24	18	48	0	45	50	45	0
SURF	13+1/2	9+5/8	32.3	0	1,124	297	1,124	0
1ST	7+7/8	4+1/2	11.6	0	8,107	673	8,107	4,218

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

33. Comments Top of cement for production casing will be approx 300 feet above top of Mesaverde. Fee minerals and Fee Surface. Surface Use Agreement attached to Form 2A. Closed mud system.

34. Location ID: 324118

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

05

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
400193853	LEGAL/LEASE DESCRIPTION
400193854	DEVIATED DRILLING PLAN
400193855	WELL LOCATION PLAT

Total Attach: 3 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)