

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:
 400201970
 Plugging Bond Surety

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: Federal Well Number: SP 13-13

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

9. Proposed Total Measured Depth: 9538

WELL LOCATION INFORMATION

10. QtrQtr: NWSW Sec: 13 Twp: 7S Rng: 95W Meridian: 6
 Latitude: 39.435037 Longitude: -107.954899

Footage at Surface: 1680 feet FSL 254 feet FWL

11. Field Name: Parachute Field Number: 67350

12. Ground Elevation: 7993 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 12/13/2010 PDOP Reading: 2.0 Instrument Operator's Name: Michael Langhorn

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: 2487 FSL 760 FWL Bottom Hole: 2487 FSL 760 FWL
 Sec: 13 Twp: 7S Rng: 95W Sec: 13 Twp: 7S Rng: 95W

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: 4391 ft

18. Distance to nearest property line: 1085 ft 19. Distance to nearest well permitted/completed in the same formation: 1347 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	139-64	640	ALL

21. Mineral Ownership: Fee State Federal Indian Lease #: COC05173

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):

See Attached

25. Distance to Nearest Mineral Lease Line: 1300 ft 26. Total Acres in Lease: 2365

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	1,108	387	1,108	0
1ST	7+7/8	4+1/2	11.6	0	9,538	593	9,538	5,895

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

33. Comments SeeWilliams Master APD dated 4/27/06 for Federal 10 point drilling plan and 13 point surface use plan. The SP 13-13 well which is located within the boundaries of Project Rulison is classified as Tier 2. The DOE has been notified by letter dated 1/17/11. This well is located within CA COC74408. This APD is for side track of the well. A surface bit was dropped down hole and was unable to recover. A cement plug was set and well will be sidetracked to original target. Every thing will remain as original.

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: 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

05 045 20422 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
400202032	DEVIATED DRILLING PLAN
400202033	DEVIATED DRILLING PLAN

Total Attach: 2 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)