

FORM
2A

Rev
04/01

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

1712422

Date Received:

08/13/2009

Oil and Gas Location Assessment

☒ New Location ☐ Amend Existing Location Location#: _____

Submit original plus one copy. This form is to be submitted to the COGCC prior to any ground disturbance activity associated with oil and gas development operations. This Assessment may be approved as a standalone application or submitted as an informational report accompanying an Application for Permit-To-Drill, Form 2. Approval of this Assessment will allow for the construction of the below specified location; however, it does not supersede any land use rules applied by the local land use authority. This form may serve as notice to land owners and other interested parties, please see the COGCC web site at <http://colorado.gov/cogcc/> for all accompanying information pertinent to this Oil and Gas Location Assessment.

Location ID:

414279

Expiration Date:

10/28/2012

☐ This location assessment is included as part of a permit application.

1. CONSULTATION

- ☐ This location is included in a Comprehensive Drilling Plan. CDP # _____
- ☐ This location is in a sensitive wildlife habitat area.
- ☐ This location is in a wildlife restricted surface occupancy area.
- ☐ This location includes a Rule 306.d.(1)A.ii. variance request.

2. Operator

Operator Number: 96850

Name: WILLIAMS PRODUCTION RMT COMPANY

Address: 1515 ARAPAHOE ST STE 1000

City: DENVER State: CO Zip: 80202

3. Contact Information

Name: HOWARD HARRIS

Phone: (303) 606-4086

Fax: (303) 629-8272

email: HOWARD.HARRIS@WILLIAMS.COM

4. Location Identification:

Name: MAHAFFEY FRAC PAD Number: _____

County: GARFIELD

QuarterQuarter: SESW Section: 25 Township: 6S Range: 95W Meridian: 6 Ground Elevation: 5172

Define a single point as a location reference for the facility location. This point should be used as the point of measurement in the drawings to be submitted with this application. When the location is to be used as a well site then the point shall be a well location.

Footage at surface: 343 feet FSL, from North or South section line, and 1759 feet FWL, from East or West section line.

Latitude: 39.489535 Longitude: -107.950067 PDOP Reading: 6.0 Date of Measurement: 06/19/2009

Instrument Operator's Name: J. KIRKPATRICK

5. Facilities (Indicate the number of each type of oil and gas facility planned on location):

Special Purpose Pits: <input type="text"/>	Drilling Pits: <input type="text"/>	Wells: <input type="text"/>	Production Pits: <input type="text"/>	Dehydrator Units: <input type="text"/>
Condensate Tanks: <input type="text"/>	Water Tanks: <u>50</u>	Separators: <input type="text"/>	Electric Motors: <input type="text"/>	Multi-Well Pits: <input type="text"/>
Gas or Diesel Motors: <input type="text"/>	Cavity Pumps: <input type="text"/>	LACT Unit: <input type="text"/>	Pump Jacks: <input type="text"/>	Pigging Station: <input type="text"/>
Electric Generators: <input type="text"/>	Gas Pipeline: <input type="text"/>	Oil Pipeline: <input type="text"/>	Water Pipeline: <u>1</u>	Flare: <input type="text"/>
Gas Compressors: <input type="text"/>	VOC Combustor: <input type="text"/>	Oil Tanks: <input type="text"/>	Fuel Tanks: <input type="text"/>	

Other: ALL EQUIPMENT IS TEMPORARY. VARIOUS TRUCKS, PUMPS AND FRAC EQUIPMENT USED DURING FRAC OPERATIONS.

6. Construction:

Date planned to commence construction: 11/01/2009 Size of disturbed area during construction in acres: 1.97
Estimated date that interim reclamation will begin: 01/01/2010 Size of location after interim reclamation in acres: 1.97
Estimated post-construction ground elevation: 5172 Will a closed loop system be used for drilling fluids: Yes ☐
Will salt sections be encountered during drilling: Yes ☐ No ☐ Is H2S anticipated? Yes ☐ No ☐
Will salt (>15,000 ppm TDS Cl) or oil based muds be used: Yes ☐ No ☐
Mud disposal: Offsite ☐ Onsite ☐ Method: Land Farming ☐ Land Spreading ☐ Disposal Facility ☐
Other: _____

7. Surface Owner:

Name: GARY LEE MAHAFFEY Phone: _____
Address: 4947 COUNTY ROAD 309 Fax: _____
Address: _____ Email: _____
City: PARACHUTE State: CO Zip: 81635 Date of Rule 306 surface owner consultation: 07/16/2009
Surface Owner: ☒ Fee ☐ State ☐ Federal ☐ Indian
Mineral Owner: ☐ Fee ☐ State ☐ Federal ☐ Indian
The surface owner is: ☐ the mineral owner ☐ committed to an oil and gas lease
☐ is the executer of the oil and gas lease ☐ the applicant
The right to construct the location is granted by: ☐ oil and gas lease ☒ Surface Use Agreement ☐ Right of Way
☐ applicant is owner
Surface damage assurance if no agreement is in place: ☐ \$2000 ☐ \$5000 ☐ Blanket Surety ID 20010113

8. Reclamation Financial Assurance:

☐ Well Surety ID: 20030107 ☐ Gas Facility Surety ID: 20050021 ☐ Waste Mgnt. Surety ID: _____

9. Cultural:

Is the location in a high density area (Rule 603.b.): Yes ☐ No ☒
Distance, in feet, to nearest building: 1813, public road: 497, above ground utility: 280,
railroad: 317, property line: 221

10. Current Land Use (Check all that apply):

Crop Land: ☐ Irrigated ☐ Dry land ☐ Improved Pasture ☐ Hay Meadow ☐ CRP
Non-Crop Land: ☒ Rangeland ☐ Timber ☐ Recreational ☒ Other (describe): GRAVEL PIT AND BEE HIVES
Subdivided: ☐ Industrial ☒ Commercial ☐ Residential

11. Future Land Use (Check all that apply):

Crop Land: ☐ Irrigated ☐ Dry land ☐ Improved Pasture ☐ Hay Meadow ☐ CRP
Non-Crop Land: ☒ Rangeland ☐ Timber ☐ Recreational ☒ Other (describe): GRAVEL PIT AND BEE HIVES
Subdivided: ☐ Industrial ☒ Commercial ☐ Residential

12. Soils:

List all soil map units that occur within the proposed location. Attach the National Resource Conservation Service (NRCS) report showing the "Map Unit Description" report listing the soil typical vertical profile. This data is to be used when segregating topsoil.

The required information can be obtained from the NRCS web site at <http://soildatamart.nrcs.usda.gov/> or from the COGCC web site GIS Online map page found at <http://colorado.gov/cogcc>. Instructions are provided within the COGCC web site help section.

NRCS Map Unit Name: 3 ARVADA LOAM 1 TO 6 PERCENT SLOPES

NRCS Map Unit Name: _____

NRCS Map Unit Name: _____

13. Plant Community:

Complete this section only if any portion of the disturbed area of the location's current land use is on non-crop land.

Are noxious weeds present: Yes ☐ No ☒

Plant species from: ☐ NRCS or, ☒ field observation Date of observation: 06/26/2009

List individual species: SAGEBRUSH, WHEATGRASS, NEEDLEANDTHREAD, FESCUE

Check all plant communities that exist in the disturbed area.

- ☐ Disturbed Grassland (Cactus, Yucca, Cheatgrass, Rye)
☒ Native Grassland (Bluestem, Grama, Wheatgrass, Buffalograss, Fescue, Oatgrass, Brome)
☒ Shrub Land (Mahogany, Oak, Sage, Serviceberry, Chokecherry)
☐ Plains Riparian (Cottonwood, Willow, Aspen, Maple, Poplar, Russian Olive, Tamarisk)
☐ Mountain Riparian (Cottonwood, Willow, Blue Spruce)
☐ Forest Land (Spruce, Fir, Ponderosa Pine, Lodgepole Pine, Juniper, Pinyon, Aspen)
☐ Wetlands Aquatic (Bullrush, Sedge, Cattail, Arrowhead)
☐ Alpine (above timberline)
☐ Other (describe): _____

14. Water Resources:

Rule 901.e. may require a sensitive area determination be performed. If this determination is performed the data is to be submitted with the Form 2A.

Is this a sensitive area: ☐ No ☒ Yes Was a Rule 901.e. Sensitive Areas Determination performed: ☒ No ☐ Yes

Distance (in feet) to nearest surface water: 406, water well: 4300, depth to ground water: 12

Is the location in a riparian area: ☒ No ☐ Yes Was an Army Corps of Engineers Section 404 permit filed ☒ No ☐ Yes

Is the location within a Rule 317B Surface Water Supply Area buffer zone:

☒ No ☐ 0-300 ft. zone ☐ 301-500 ft. zone ☐ 501-2640 ft. zone

If the location is within a Rule 317B Surface Water Supply Area buffer have all public water supply systems within 15 miles been notified: ☐ No ☐ Yes

15. Comments:

THIS LOCATION ASSESSMENT IS FOR THE CONSTRUCTION OF A TEMPORARY FRAC PAD TO BE USED DURING COMPLETION OPERATIONS FOR THE WELLS ON THE PA 24-25 AND PA 11-36 WELL PADS. IT IS UNKNOWN AT THIS TIME EXACTLY HOW MANY TANKS AND WHAT OTHER EQUIPMENT WILL OCCUPY THE PAD. THAT WILL BE DETERMINED AT A LATER DATE. THE EQUIPMENT WILL BE USED DURING COMPLETION AND THEN MOVED OFF. THE PAD MAY THEN BE USED FOR PRODUCTION EQUIPMENT, BUT A SUNDRY WILL BE SUBMITTED TO MODIFY THE APPLICATION. THE LOCATION REFERENCE POINT FOR THIS FACILITY IS THE CENTER OF LOCATION AS INDICATED ON THE LOCATION PLAT. ALL MEASUREMENTS WERE TAKEN FROM THIS POINT.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 08/17/2009 Email: HOWARD.HARRIS@WILLIAMS.COM

Print Name: HOWARD HARRIS Title: REGULATORY

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

David S. Neslin

COGCC Approved: _____

Director of COGCC

Date: 10/29/2009

**CONDITIONS OF
APPROVAL, IF ANY:**

All representations, stipulations and conditions of approval stated in this Form 2A for this location shall constitute representations, stipulations and conditions of approval for any and all subsequent operations on the location unless this Form 2A is modified by Sundry Notice, Form 4 or an Amended Form 2A.

Description

Frac Pad must be lined.

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
1303125	SURFACE AGRMT/SURETY
1712422	FORM 2A APPROVED
1712423	LOCATION PICTURES
1712424	LOCATION PICTURES
1712425	LOCATION PICTURES
1712426	LOCATION DRAWING
1712427	HYDROLOGY MAP
1712428	ACCESS ROAD MAP
1712429	REFERENCE AREA MAP
1712430	REFERENCE AREA PICTURES
1712431	REFERENCE AREA PICTURES
1712432	REFERENCE AREA PICTURES
1712433	REFERENCE AREA PICTURES
1712434	NRCS MAP UNIT DESC
1712435	CONST. LAYOUT DRAWINGS
1712436	PROPOSED BMPs
1712437	SURFACE AGRMT/SURETY
1712442	NRCS MAP UNIT DESC
1712489	ACCESS ROAD MAP
2032613	REFERENCE AREA PHOTOS
2032614	CORRESPONDENCE
400014224	FORM 2A

Total Attach: 22 Files

General Comments

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

Total: 0 comment(s)

Best Management Practices

<u>No</u>	<u>BMP/COA Type</u>	<u>Description</u>