

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

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:
1813829
Plugging Bond Surety

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: GREGDAVIS Phone: (303)606-4071 Fax: (303)629-8272
Email: GREG.J.DAVIS@WILLIAMS.COM

7. Well Name: SAVAGE Well Number: RWF 342-35

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

9. Proposed Total Measured Depth: 8221

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 35 Twp: 6S Rng: 94W Meridian: 6
Latitude: 39.487164 Longitude: -107.853215

Footage at Surface: 724 FNL/FSL FNL 2048 FEL/FWL FEL

11. Field Name: RULISON Field Number: 75400

12. Ground Elevation: 5442 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 04/23/2008 PDOP Reading: 6.0 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 1640 FNL 179 FEL 1640 FNL 179 FEL
Sec: 35 Twp: 6S Rng: 94W Sec: 35 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: 260

18. Distance to nearest property line: 554 19. Distance to nearest well permitted/completed in the same formation: 295

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	139-66	640	ALL

21. Mineral Ownership: Fee State Federal Indian Lease #: COC07506
 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):
 T6S-R94W; SEC 35: NW, E/2E/2, SWNE, NESW; SEC 36 ; LOTS 1.2.3.4; T7S-R94W; SEC1: LOTS 3,4, S/2NW; SEC 2: LOTS 1.3.4 S/2N/2, SEC 3: LOTS 1,2, S/2NE
 25. Distance to Nearest Mineral Lease Line: 1600 26. Total Acres in Lease: 1166

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: CLOSED LOOP/RE-USE
 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		45	0
SURF	13+1/2	9+5/8	32.3	1,749		1,749	0
1ST	7+7/8	4+1/2	11.6	8,221		8,221	

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None
 33. Comments CLOSED LOOP. SEE WILLIAMS PRODUCTION RMT COMPANY MASTER APD, STANDARD OPERATING PRACTICES VERSION: 4/27/06

34. Location ID: 323908
 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: Y Print Name: GREG DAVIS
 Title: SUPERVISOR Date: 6/25/2009 Email: GREG.J.DAVIS@WILLIAMS.C

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: David S. Neslin Director of COGCC Date: 9/27/2009

API NUMBER: **05 045 18756 00** Permit Number: _____ Expiration Date: 9/26/2010

CONDITIONS OF APPROVAL, IF ANY: _____

Condition of Approval

Comment

Agency

NO CONDITIONS FOUND

24-HOUR SPUD NOTICE REQUIRED. E-MAIL david.Andrews@state.co.us GARFIELD COUNTY RULISON-FIELD NOTICE TO OPERATORS. NOTE: ALL NOTICES SHALL BE GIVEN VIA E-MAIL. SEE ATTACHED NOTICE.

CEMENT-TOP VERIFICATION BY CBL REQUIRED. THE MOISTURE CONTENT OF ANY DRILL CUTTINGS IN A CUTTINGS PIT, TRENCH, OR PILE SHALL BE AS LOW AS PRACTICABLE TO PREVENT ACCUMULATION OF LIQUIDS GREATER THAN DE-MINIMIS AMOUNTS. AT THE TIME OF CLOSURE, THE DRILL CUTTINGS MUST ALSO MEET THE APPLICABLE STANDARDS OF TABLE 910-1. THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1-MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1-MILE IS 250 FEET DEEP.

Attachment Check List

Att Doc Num	Name	Doc Description
1711033	LOCATION PICTURES	LF@2089156 1711033
1711034	LOCATION PICTURES	LF@2089158 1711034
1711035	LOCATION PICTURES	LF@2089160 1711035
1711036	WELL LOCATION PLAT	LF@2089105 1711036
1711037	TOPO MAP	LF@2089106 1711037
1711038	SURFACE AGRMT/SURETY	LF@2089107 1711038
1711039	DEVIATED DRILLING PLAN	LF@2089108 1711039
1711040	FED. DRILLING PERMIT	LF@2089109 1711040
1711041	DRILLING PLAN	LF@2089110 1711041
1813829	APD ORIG & 1 COPY	LF@2089104 1813829

Total Attach: 10 Files