

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:

1637158

Plugging Bond Surety

3. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY 4. COGCC Operator Number: 968505. Address: 1515 ARAPAHOE ST STE 1000City: DENVER State: CO Zip: 802026. Contact Name: GREG DAVIS Phone: (303)606-4071 Fax: (303)629-8272Email: GREG.J.DAVIS@WILLIAMS.COM7. Well Name: JOLLEY Well Number: KP 533-21

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

9. Proposed Total Measured Depth: 8865

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 21 Twp: 6S Rng: 91W Meridian: 6Latitude: 39.510501 Longitude: -107.557109Footage at Surface: 1507 FNL/FSL FSL 2064 FEL/FWL FEL11. Field Name: KOKOPELLI Field Number: 4752512. Ground Elevation: 6974.3 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 06/18/2008 PDOP Reading: 2.0 Instrument Operator's Name: LAUREN VANCE15. 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 _____

1470 FSL 1980 FEL 1470 FSL 1980 FELSec: 21 Twp: 6S Rng: 91W Sec: 21 Twp: 6S Rng: 91W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 444218. Distance to nearest property line: 193 19. Distance to nearest well permitted/completed in the same formation: 334

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-ILES	WFILS	513-4		

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):
MAP ATTACHED.

25. Distance to Nearest Mineral Lease Line: _____ 156 _____ 26. Total Acres in Lease: _____ 320 _____

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&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.

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

33. Comments LOCATION HS BEEN CONSTRUCTED. PITS ARE CONSTRUCTED. NO PAD EXPANSION IS NECESSARY. NO RIG ON LOCATION. CLOSED LOOP. THERE HAVE BEEN NO CHANGES TO LEASE CONDITIONS SINCE NO 2A NEEDED. THE ORIGINAL FORM 2 WA FILED. SFC CSG CHANGED FROM 12 1/4" HOLE TO 13 1/2" 32# 8 5/8" SFC CSG CHANGED TO 32.3# 9 5/8".

34. Location ID: 335507

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: PERMITS Date: _____ 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: _____ Director of COGCC Date: _____

API NUMBER	Permit Number: _____	Expiration Date: _____	
05 045 17923 00	CONDITIONS OF APPROVAL, IF ANY:		

Attachment Check List

Att Doc Num	Name	Doc Description
1637158	APD ORIG & 1 COPY	LF@2157974 1637158
1637159	30 DAY NOTICE LETTER	LF@2157975 1637159

Total Attach: 2 Files