

FORM

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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:

Document Number:

1637384

Plugging Bond Surety

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE Refiling Sidetrack 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: HOWARD HARRIS Phone: (303)606-4086 Fax: (303)629-8272Email: HOWARD.HARRIS@WILLIAMS.COM7. Well Name: GOLDSBOROUGH Well Number: PA 12-11

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

9. Proposed Total Measured Depth: 8135

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 11 Twp: 7S Rng: 95W Meridian: 6Latitude: 39.452887 Longitude: -107.967451Footage at Surface: 2411 FNL/FSL FNL 2037 FEL/FWL FWL11. Field Name: PARACHUTE Field Number: 6735012. Ground Elevation: 6274 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 03/27/2009 PDOP Reading: 6.0 Instrument Operator's Name: J. KIRKPATRICK15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 1443 FNL 521 FWL 1443 FNL 521 FWLBottom Hole: FNL/FSL 1443 FNL 521 FWL 1443 FNL 521 FWLSec: 11 Twp: 7S Rng: 95W Sec: 11 Twp: 7S Rng: 95W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 90418. Distance to nearest property line: 219 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.)
WILLIAMSFORK	WMFK	440-56	160	NW4

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):
SEE ATTACHED.

25. Distance to Nearest Mineral Lease Line: 776 26. Total Acres in Lease: 114

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: 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	25	45	0
SURF	13+1/2	9+5/8	32.3	1,113	388	1,113	0
1ST	7+7/8	4+1/2	11.6	8,135	610	8,135	

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

33. Comments CLOSED LOOP MUD SYSTEM.

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: REGULATORY Date: _____ Email: HOWARD.HARRIS@WILLIAM

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: _____
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CONDITIONS OF APPROVAL, IF ANY: _____

Attachment Check List

Att Doc Num	Name	Doc Description
1637384	APD ORIGINAL	LF@2166043 1637384
1637385	OIL & GAS LEASE	LF@2166046 1637385
1637386	WELL LOCATION PLAT	LF@2166044 1637386
1637387	ACCESS ROAD MAP	LF@2166045 1637387
1637388	DEVIATED DRILLING PLAN	LF@2166047 1637388
1637389	DRILLING PLAN	LF@2166048 1637389

Total Attach: 6 Files