

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:

1637406

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: GREG DAVIS Phone: (303)606-4071 Fax: (303)629-8272

Email: CHERYL.LIGHT@ANADARKO.COM

7. Well Name: WILLIAMS Well Number: GM 343-32

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

9. Proposed Total Measured Depth: 7017

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 32 Twp: 6S Rng: 96W Meridian: 6

Latitude: 39.480675 Longitude: -108.126472

Footage at Surface: 2587 FNL/FSL 1072 FEL/FWL
FNL FEL

11. Field Name: RULISON Field Number: 75400

12. Ground Elevation: 5946 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 08/20/2008 PDOP Reading: 2.3 Instrument Operator's Name: ROBERT KAY

15. 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
2366 FSL 213 FEL 2366 FSL 213 FEL
Sec: 32 Twp: 6S Rng: 96W Sec: 32 Twp: 6 Rng: 96W16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No

17. Distance to the nearest building, public road, above ground utility or railroad: 5761

18. Distance to nearest property line: 287 19. Distance to nearest well permitted/completed in the same formation: 1067

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	510-9	160	SE/4

21. Mineral Ownership: ☐ Fee ☐ State ☒ Federal ☐ Indian Lease #: COC24099

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: 1177 26. Total Acres in Lease: 857

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 & BACKFIL

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	702	452	702	0
1ST	7+7/8	4+1/2	11.6	7,017	544	7,017	

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

33. Comments Location has 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 THE ORIGINAL FORM 2 WAS FILED. NOT IN AN RSO. SEE WILLIAMS PRODUCTION RMT COMPANY MASTER APD, STANDARD OPERATING PRACTICES VERSION: APRIL 27, 2006.

34. Location ID: 335492

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: SUPERVISOR Date: _____ Email: CHERYL.LIGHT@ANADARKO.

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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05 045 17821 00

CONDITIONS OF APPROVAL, IF ANY:**Attachment Check List**

Att Doc Num	Name	Doc Description
1637406	APD ORIGINAL	LF@2166085 1637406
1637407	FED. DRILLING PERMIT	LF@2166086 1637407

Total Attach: 2 Files