

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:

2105018

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: WRIGHT, CASTEEL AND SMALLWOOD Well Number: SG 544-28

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

9. Proposed Total Measured Depth: 5238

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 28 Twp: 7S Rng: 96W Meridian: 6Latitude: 39.404489 Longitude: -108.110375Footage at Surface: 1212 FNL/FSL FSL 1464 FEL/FWL FEL11. Field Name: GRAND VALLEY Field Number: 3129012. Ground Elevation: 589 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 07/29/2009 PDOP Reading: 1.9 Instrument Operator's Name: ROBERT KAY15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 148 FSL 872 FEL/FWL 148 FSL 872 FEL/FWL FELSec: 28 Twp: 7S Rng: 96W Sec: 28 Twp: 7S Rng: 96W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 337 ft18. Distance to nearest property line: 37 ft 19. Distance to nearest well permitted/completed in the same formation: 386 ft

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	510-42	80	S/2SE/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):
SEE ATTACHED.

25. Distance to Nearest Mineral Lease Line: 1170 mi 26. Total Acres in Lease: 2100

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	1,123	390	1,123	0
1ST	7+7/8	4+1/2	11.6	5,238	520	5,238	

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

33. Comments SEMI-CLOSED LOOP

34. Location ID: 334397

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 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 05	Permit Number: _____ Expiration Date: _____
CONDITIONS OF APPROVAL, IF ANY: _____	

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
2105018	APD ORIGINAL	LF@2206167 2105018
2105019	WELL LOCATION PLAT	LF@2206234 2105019
2105020	LOCATION PICTURES	LF@2205972 2105020
2105021	TOPO MAP	LF@2206168 2105021
2105022	HYDROLOGY MAP	LF@2206169 2105022
2105023	REFERENCE AREA MAP	LF@2206170 2105023
2105024	CONST. LAYOUT DRAWINGS	LF@2206171 2105024
2105025	SURFACE AGRMT/SURETY	LF@2206172 2105025
2105026	EXCEPTION LOC REQUEST	LF@2206173 2105026
2105027	EXCEPTION LOC WAIVERS	LF@2206174 2105027
2105028	DEVIATED DRILLING PLAN	LF@2206175 2105028
2105029	OIL & GAS LEASE	LF@2206176 2105029
2109402	LOCATION PICTURES	LF@2205974 2109402
2109403	LOCATION PICTURES	LF@2205973 2109403

Total Attach: 14 Files