

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

Document Number:

400040793

Plugging Bond Surety

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 ☐

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: Jennifer Head Phone: (303)606-4342 Fax: (303)629-8275

Email: Jennifer.Head@Williams.com

7. Well Name: Federal RGU Well Number: 31-25-198

8. Unit Name (if appl): Ryan Gulch Unit Unit Number: COC068239
X

9. Proposed Total Measured Depth: 12781

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 25 Twp: 1S Rng: 98W Meridian: 6

Latitude: 39.904923 Longitude: -108.340153

Footage at Surface: 250 FNL/FSL 1937 FEL/FWL
FNL FEL

11. Field Name: Sulphur Creek Field Number: 80090

12. Ground Elevation: 6440.5 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 10/08/2008 PDOP Reading: 2.4 Instrument Operator's Name: Mark Bessie

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
252 FNL 1911 FEL 252 FNL 1911 FEL
Sec: 25 Twp: 1S Rng: 98W Sec: Twp: Rng: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: 719 ft

18. Distance to nearest property line: 11088 ft 19. Distance to nearest well permitted/completed in the same formation: 330 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.)
Iles	ILES			
Sego	SEGO			
Williams Fork	WMFK			

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):
T1S, R98W: Section 24, Lots 1-16; Section 25, Lots 1-16

25. Distance to Nearest Mineral Lease Line: 1911 ft 26. Total Acres in Lease: 1238

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 & Backfilling

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	26+0	18	48#	80	135	80	
SURF	14+3/4	9+5/8	36#	3,921		3,921	
3RD	8+3/4	4+1/2	11.6#	12,781		12,871	

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

33. Comments Cement will be circulated to the surface in the Conductor String. Cement will be circulated to 200' above the uppermost Mesaverde sand in the Production String. This is a new drilling location

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: Jennifer Head

Title: Regulatory Team Lead Date: _____ Email: Jennifer.Head@Williams.com

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
400041568	WELL LOCATION PLAT	31-25-198 cwp.pdf
400041569	DEVIATED DRILLING PLAN	31-25-198 dir.pdf
400041570	TOPO MAP	APD topo map.pdf
400041942	FED. DRILLING PERMIT	31-25-198 fed apd.pdf

Total Attach: 4 Files