

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:

400051373

Plugging Bond Surety

20030107

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 514-17

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

9. Proposed Total Measured Depth: 7601

## WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 17 Twp: 6S Rng: 91W Meridian: 6Latitude: 39.522122 Longitude: -107.580762Footage at Surface: 605 FNL/FSL FSL 1976 FEL/FWL FWL11. Field Name: Kokopelli Field Number: 4752512. Ground Elevation: 6293 13. County: GARFIELD

## 14. GPS Data:

Date of Measurement: 01/15/2010 PDOP Reading: 1.9 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 \_\_\_\_\_ FEL/FWL \_\_\_\_\_ Bottom Hole: FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_

153 FSL 658 FWL 153 FSL 658 FWLSec: 17 Twp: 6S Rng: 91W Sec: 17 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: 1200 ft18. Distance to nearest property line: 646 ft 19. Distance to nearest well permitted/completed in the same formation: 345 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 lles	WFILS	513-4	320	S/2

21. Mineral Ownership:  Fee  State  Federal  Indian Lease #: CA  
COC57768

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: 153 ft 26. Total Acres in Lease: 1200

**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 and evaporation

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#	827	290	827	0
1ST	7+7/8	4+1/2	11.6#	7,601	645	7,601	

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

33. Comments Closed Loop. Cement shall be 500' above top of gas. See Williams Production RMT Company "Master APD" Version: November 1, 2009 for Drilling and Surface Use Plan.

34. Location ID: 382865

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.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: \_\_\_\_\_

<b>API NUMBER</b>	Permit Number: _____	Expiration Date: _____
05		

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
400054758	WELL LOCATION PLAT	KP 514-17 Location Plat.pdf
400054759	DEVIATED DRILLING PLAN	KP 514-17 Directional Plot and Plan.pdf
400054760	TOPO MAP	KP 24-17 Pad Topo Map.pdf
400054847	LEGAL/LEASE DESCRIPTION	COC51146 Federal Lease.pdf
400055280	FED. DRILLING PERMIT	KP 514-17 Federal Permit.pdf

Total Attach: 5 Files