

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
----	----	----	----

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:

400064969

Plugging Bond Surety

20030107

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: Lisa Dee Phone: (303)260-4538 Fax: (303)629-8268

Email: Lisa.Dee@Williams.com

7. Well Name: Chevron Well Number: TR 11-35-597

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

9. Proposed Total Measured Depth: 9355

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 27 Twp: 5S Rng: 97W Meridian: 6

Latitude: 39.577981 Longitude: -108.255757

 Footage at Surface: 205 FNL/FSL 240 FEL/FWL
 FSL FEL

11. Field Name: Trail Ridge Field Number: 83825

12. Ground Elevation: 8451 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 09/25/2008 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
 160 FNL 656 FWL 160 FNL 656 FWL
 Sec: 35 Twp: 5S Rng: 97W Sec: 35 Twp: 5S Rng: 97W
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: 18858 ft

18. Distance to nearest property line: 5597 ft 19. Distance to nearest well permitted/completed in the same formation: 1349 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			

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):
Refer to Lease Description submitted with original permit

25. Distance to Nearest Mineral Lease Line: 5440 26. Total Acres in Lease: 17315

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	18	48#	60	100	60	
SURF	14+3/4	9+5/8	32.3#	2,901		2,901	
3RD	7+7/8	4+1/2	11.6#	9,355		9,355	

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

33. Comments Note revised depth, BHL and SHL location. Revised Well Location Plat and Directional Plan submitted with APD. Approved 2A on file for well pad. Location constructed, no expansion needed. Cultural distances revised slightly to match approved 2A (Doc #2093524).

34. Location ID: 324417

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: Lisa Dee

Title: Regulatory Specialist Date: _____ Email: Lisa.Dee@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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05 045 14225 00

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
400065091	WELL LOCATION PLAT	01_TR 11-35-597_Well Loc Plat.pdf
400065093	SURFACE AGRMT/SURETY	02_TR 11-35-597_Surf Agmt.pdf
400065094	DEVIATED DRILLING PLAN	03_TR 11-35-597_Dev Dir Plan.pdf

Total Attach: 3 Files