

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:  
2093336  
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: GREG DAVIS Phone: (303)606-4071 Fax: (303)629-8272  
Email: GREG.J.DAVIS@WILLIAMS.COM

7. Well Name: SAVAGE Well Number: RWF 44-27

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

9. Proposed Total Measured Depth: 7868

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 27 Twp: 6S Rng: 94W Meridian: 6  
Latitude: 39.493427 Longitude: -107.871518

Footage at Surface: 1621 FNL/FSL FSL 1882 FEL/FWL FEL

11. Field Name: RULISON Field Number: 75400

12. Ground Elevation: 5259 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 04/30/2008 PDOP Reading: 3.0 Instrument Operator's Name: J KIRKPATRICK

15. If well is  Directional  Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 541 FSL 705 FEL 705 FEL \_\_\_\_\_  
Bottom Hole: FNL/FSL 541 FSL 705 FEL 705 FEL \_\_\_\_\_  
Sec: 27 Twp: 6S Rng: 94W Sec: 27 Twp: 6S Rng: 94W

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: 1100 ft

18. Distance to nearest property line: 460 ft 19. Distance to nearest well permitted/completed in the same formation: 508 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	139-66	320	E/2

21. Mineral Ownership:  Fee  State  Federal  Indian Lease #: CA  
COC56657

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: 218 ft 26. Total Acres in Lease: 1016

**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-USED

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	1,112	390	1,112	0
1ST	7+7/8	4+1/2	11.6	7,868	700	7,868	200

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

33. Comments CLOSED LOOP. PAD HAS BEEN BUILT. THERE HAVE BEEN NO CHANGES TO LEASE CONDITIONS OR DRILLING PLANS SINCE THE ORIGINAL FORM 2 WAS FILED.

34. Location ID: 335278

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: 12/22/2009 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: David S. Neslin Director of COGCC Date: 1/26/2010

Permit Number: \_\_\_\_\_ Expiration Date: 1/25/2012

**API NUMBER**  
 05 045 17779 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.

(1) 24-HOUR SPUD NOTICE REQUIRED. E-MAIL david.Andrews@state.co.us (2) GARFIELD COUNTY RULISON-FIELD NOTICE TO OPERATORS. NOTE: ALL NOTICES SHALL BE GIVEN VIA E-MAIL. SEE ATTACHED NOTICE. (3) CEMENT-TOP VERIFICATION BY CBL REQUIRED. (4) OPERATOR MUST ENSURE 110 PERCENT SECONDARY CONTAINMENT FOR ANY VOLUME OF FLUIDS CONTAINED AT WELL-SITE DURING DRILLING AND COMPLETION OPERATIONS. IF FLUIDS ARE CONVEYED VIA PIPELINE, OPERATOR MUST IMPLEMENT BEST-MANAGEMENT-PRACTICES TO CONTAIN ANY UNINTENTIONAL RELEASE OF FLUIDS. (5) FLOWBACK TO TANKS ONLY. SUBMIT A SECONDARY AND TERTIARY CONTAINMENT PLAN VIA SUNDRY NOTICE FORM 4 FOR THE TANKS. ATTN: CHRIS CANFIELD. OBTAIN APPROVAL OF THE PLAN PRIOR TO FLOWBACK. (6) THE MOISTURE CONTENT OF ANY DRILL CUTTINGS IN A CUTTINGS PIT, TRENCH, OR PILE SHALL BE AS LOW AS PRACTICABLE TO PREVENT ACCUMULATION OF LIQUIDS GREATER THAN DE-MINIMIS AMOUNTS. AT THE TIME OF CLOSURE, THE DRILL CUTTINGS MUST ALSO MEET THE APPLICABLE STANDARDS OF TABLE 910-1. (7) THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1-MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1-MILE IS 250 FEET DEEP.

### **Attachment Check List**

Att Doc Num	Name	Doc Description
2093336	APD ORIGINAL	LF@2200520 2093336
400024115	FORM 2 SUBMITTED	LF@2207295 400024115

Total Attach: 2 Files

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