

**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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Document Number:  
400092236  
Plugging Bond Surety  
20030107

**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: Howard Harris Phone: (303)606-4086 Fax: (303)629-8268  
 Email: howard.harris@williams.com  
 7. Well Name: Savage Well Number: PA 514-4  
 8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_  
 9. Proposed Total Measured Depth: 7200

**WELL LOCATION INFORMATION**

10. QtrQtr: NESW Sec: 4 Twp: 7S Rng: 95W Meridian: 6  
 Latitude: 39.463378 Longitude: -108.006829  
 Footage at Surface: 1469 FNL/FSL FSL 1457 FEL/FWL FWL  
 11. Field Name: Parachute Field Number: 67350  
 12. Ground Elevation: 5586 13. County: GARFIELD

14. GPS Data:  
Date of Measurement: 06/11/2008 PDOP Reading: 1.4 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 152 FSL 658 FWL FWL Bottom Hole: FNL/FSL 152 FSL 658 FEL/FWL FWL  
 Sec: 4 Twp: 7S Rng: 95W Sec: 4 Twp: 7S Rng: 95W

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: 1183 ft  
 18. Distance to nearest property line: 1072 ft 19. Distance to nearest well permitted/completed in the same formation: 361 ft

**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	440-35	640	All

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: 152 ft 26. Total Acres in Lease: 200

### 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, Evap & Backfill

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	866	302	866	0
1ST	7+7/8	4+1/2	11.6	7,199	562	7,199	3,748

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

33. Comments Top of cement for production casing will be approx 200 feet above top of MEsaverde. Closed mud system will be used. Surface USE Agreement attached to form 2A. CA # COC07320

34. Location ID: 334813

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: Howard Harris

Title: Sr. Regulatory Specialist Date: \_\_\_\_\_ Email: Howard.Harris@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: \_\_\_\_\_

<b>API NUMBER</b>
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
400092927	WELL LOCATION PLAT	PA 514-4 Location Plat.pdf
400092928	LEGAL/LEASE DESCRIPTION	Lease SW4 .pdf
400092929	DEVIATED DRILLING PLAN	PA 514-4 dir page plot#3 10Aug10 kjs.pdf
400092930	DEVIATED DRILLING PLAN	PA 514-4 dir plan#3 10Aug10 kjs.pdf

Total Attach: 4 Files