

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:
400092436
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)629-8272
 Email: howard.harris@williams.com
 7. Well Name: Savage Well Number: PA 524-4
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 7148

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 4 Twp: 7S Rng: 95W Meridian: 6
 Latitude: 39.463360 Longitude: -108.006816
 Footage at Surface: 1463 FNL/FSL FSL 1461 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 258 FSL 2114 FWL 258 FEL/FWL 2114 FWL 2114 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: 413 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: 258 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	790	276	790	0
1ST	7+7/8	4+1/2	11.6	7,148	563	7,148	3,686

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: 9/15/2010 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: _____

API NUMBER 05 045 15509 00	Permit Number: _____	Expiration Date: _____
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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
400092436	FORM 2 SUBMITTED	400092436.pdf
400093039	WELL LOCATION PLAT	PA 524-4 Location PLat.pdf
400093040	LEGAL/LEASE DESCRIPTION	Lease SW4 .pdf
400093044	DEVIATED DRILLING PLAN	PA 524-4 dir page plot#3 11Aug10 kjs.pdf
400093045	DEVIATED DRILLING PLAN	PA 524-4 dir plan#3 11Aug10 kjs.pdf

Total Attach: 5 Files