

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:

400099482

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: Howard Harris Phone: (303)606-4086 Fax: (303)629-8272Email: howard.harris@williams.com7. Well Name: Savage Well Number: PA 33-4

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

9. Proposed Total Measured Depth: 7657

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 4 Twp: 7S Rng: 95W Meridian: 6Latitude: 39.459698 Longitude: -108.000723
 Footage at Surface: 132 FNL/FSL FSL 2050 FEL/FWL FEL
11. Field Name: Parachute Field Number: 6735012. Ground Elevation: 5756 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 07/08/2009 PDOP Reading: 6.0 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 _____

2110 FSL 1953 FEL 2110 FSL 1953 FELSec: 4 Twp: 7S Rng: 95W Sec: 4 Twp: 7S Rng: 95W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 1388 ft18. Distance to nearest property line: 762 ft 19. Distance to nearest well permitted/completed in the same formation: 625

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	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: 450 ft 26. Total Acres in Lease: 577

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	1,188	414	1,188	0
1ST	7+7/8	4+1/2	11.6	7,657	593	7,657	3,807

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. There are no changes to this refile from the original form 2. There is an approved form 2A Doc# 400067729 for this location

34. Location ID: 334654

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: _____

API NUMBER

05 045 18835 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.