

**APPLICATION FOR PERMIT TO:**

1.  Drill,  Deepen,  Re-enter,  **Recomplete and Operate**

**2. TYPE OF WELL**

OIL  GAS  COALBED  OTHER Convert to Injector  
 SINGLE ZONE  MULTIPLE  COMMINGLE

Refiling   
Sidetrack

Document Number:  
400192517  
Plugging Bond Surety  
20030107

3. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC 4. COGCC Operator Number: 96850

5. Address: 1001 17TH STREET - SUITE #1200  
 City: DENVER State: CO Zip: 80202

6. Contact Name: Greg Davis Phone: (303)606-4071 Fax: (303)629-8268  
 Email: Greg.J.Davis@Williams.com

7. Well Name: Williams Well Number: GM 239-36

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

9. Proposed Total Measured Depth: 7092

**WELL LOCATION INFORMATION**

10. QtrQtr: NESW Sec: 36 Twp: 6S Rng: 96W Meridian: 6  
 Latitude: 39.479130 Longitude: -108.060723

Footage at Surface: 2122 feet FSL 1683 feet FWL

11. Field Name: Grand Valley Field Number: 31290

12. Ground Elevation: 5597 13. County: GARFIELD

**14. GPS Data:**

Date of Measurement: 01/05/2007 PDOP Reading: 3.2 Instrument Operator's Name: Ivan Martin

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

Footage at Top of Prod Zone: 2152 FSL 780 FWL Bottom Hole: 2152 FSL 780 FWL  
 Sec: 36 Twp: 6S Rng: 96W Sec: 36 Twp: 6S Rng: 96W

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: 5000 ft

18. Distance to nearest property line: 151 ft 19. Distance to nearest well permitted/completed in the same formation: 443 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	510-8	160	SW/4

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 Bond  \$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):

(Unleased of record. Williams owns 100% Surface and Minerals.)

25. Distance to Nearest Mineral Lease Line: 133 ft

26. Total Acres in Lease: 128

### 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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)?  Yes  No

31. Mud disposal:  Offsite  Onsite

**If 28, 29, or 30 are "Yes" a pit permit may be required.**

Method:  Land Farming  Land Spreading  Disposal Facility Other: Re-use and evaporation

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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	24	18	48#	0	45	25	45	0
SURF	13+1/2	9+5/8	32.3#	0	1,122	325	1,122	0
1ST	7+7/8	4+1/2	11.6#	0	7,092	853	7,092	2,300

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

33. Comments Williams owns the surface where operations will take place. Site will be reclaimed per Williams 2003 Reclamation Plan.

34. Location ID: 335145

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: \_\_\_\_\_

Email: Greg.J.Davis@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 14693 00

Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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

Total Attach: 0 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

### BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)