

**APPLICATION FOR PERMIT TO:**

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

2. TYPE OF WELL  
 OIL  GAS  COALBED  OTHER \_\_\_\_\_  
 SINGLE ZONE  MULTIPLE  COMMINGLE

Refiling   
 Sidetrack

Document Number:  
 400215305  
 PluggingBond SuretyID  
 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: Jolley Well Number: KP 424-9  
 8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_  
 9. Proposed Total Measured Depth: 7673

**WELL LOCATION INFORMATION**

10. QtrQtr: NWNW Sec: 16 Twp: 6S Rng: 91W Meridian: 6  
 Latitude: 39.533391 Longitude: -107.566783  
 Footage at Surface: 616 feet FNL 707 feet FWL  
 11. Field Name: Kokopelli Field Number: 47525  
 12. Ground Elevation: 6632 13. County: GARFIELD

14. GPS Data:  
 Date of Measurement: 12/14/2009 PDOP Reading: 0.8 Instrument Operator's Name: J. Kirkpatrick

15. If well is  Directional  Horizontal (highly deviated) **submit deviated drilling plan.**  
 Footage at Top of Prod Zone: 480 FSL 2021 FWL Bottom Hole: 480 FSL 2021 FWL  
 Sec: 9 Twp: 6S Rng: 91W Sec: 9 Twp: 6S Rng: 91W

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: 2666 ft  
 18. Distance to nearest property line: 690 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 327 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 lles	WFILS	513-4		

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):

See attached.

25. Distance to Nearest Mineral Lease Line: 635 ft

26. Total Acres in Lease: 1480

### 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	16	65#	0	70	100	70	0
SURF	13+1/2	9+5/8	32.3#	0	1,771	457	1,771	0
1ST	7+7/8	4+1/2	11.6#	0	7,673	720	7,673	

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

33. Comments Closed Loop

34. Location ID: 335557

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

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
400216952	WELL LOCATION PLAT
400216953	DEVIATED DRILLING PLAN
400216955	TOPO MAP
400216961	LEGAL/LEASE DESCRIPTION
400216967	SURFACE AGRMT/SURETY

Total Attach: 5 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)