

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



Document Number:

400246131

Date Received:

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

PluggingBond SuretyID

3. Name of Operator: WPX ENERGY ROCKY MOUNTAIN 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 543-18

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

9. Proposed Total Measured Depth: 7552

WELL LOCATION INFORMATION

10. QtrQtr: NWSW Sec: 17 Twp: 6S Rng: 91W Meridian: 6

Latitude: 39.525957 Longitude: -107.586975

Footage at Surface: 2031 feet FNL/FSL FSL 245 feet FEL/FWL FWL

11. Field Name: Kokopelli Field Number: 47525

12. Ground Elevation: 6202 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 01/12/2012 PDOP Reading: 2.4 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 1591 FSL 719 FEL FEL Bottom Hole: FNL/FSL 1591 FSL 719 FEL FEL
Sec: 18 Twp: 6S Rng: 91W Sec: 18 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: 223 ft

18. Distance to nearest property line: 188 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 284 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 lles	WFILS	513-4		

21. Mineral Ownership: Fee State Federal Indian Lease #: COC511446

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: 1591 26. Total Acres in Lease: 1200

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	26	18	47.44#	0	70	100	70	0
SURF	13+1/2	9+5/8	32.3#	0	855	230	855	0
1ST	7+7/8	4+1/2	11.6#	0	7,552	945	7,552	

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

33. Comments Closed Loop. See Williams Master APD.

34. Location ID: 419675

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
400250944	DIRECTIONAL DATA
400251811	DEVIATED DRILLING PLAN
400257944	LEGAL/LEASE DESCRIPTION
400259073	WELL LOCATION PLAT
400259106	SURFACE AGRMT/SURETY
400260242	TOPO MAP
400260514	FED. DRILLING PERMIT

Total Attach: 7 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)