

FORM
2

Rev
12/05

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400239780

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

20030107

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@wpxenergy.com

7. Well Name: Savage Well Number: RWF 311-35

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

9. Proposed Total Measured Depth: 7816

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 35 Twp: 6S Rng: 94W Meridian: 6
Latitude: 39.485843 Longitude: -107.860576

Footage at Surface: 1151 feet FNL 1185 feet FWL

11. Field Name: Rulison Field Number: 75400

12. Ground Elevation: 5473 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 07/24/2008 PDOP Reading: 2.1 Instrument Operator's Name: J. Kirkpatrick

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

Footage at Top of Prod Zone: 606 FNL 537 FWL Bottom Hole: 606 FNL 537 FWL
Sec: 36 Twp: 6S Rng: 94W Sec: 36 Twp: 6S Rng: 94W

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: 457 ft

18. Distance to nearest property line: 1178 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 342 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	139-66	640	All

21. Mineral Ownership: Fee State Federal Indian Lease #: COC07506

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: 537 ft 26. Total Acres in Lease: 1595

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	1,114	297	1,114	0
1ST	8+3/4	4+1/2	11.6#	0	7,816	977	7,816	

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

33. Comments Closed Loop. See Williams Master APD.CA COC128379Surface owner has a Royalty Interest within the 640 acre communitization agreement.

34. Location ID: _____

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@wpenergy.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
400246586	WELL LOCATION PLAT
400246587	LEGAL/LEASE DESCRIPTION
400246589	TOPO MAP
400247177	SURFACE AGRMT/SURETY
400344524	DIRECTIONAL DATA
400344548	DEVIATED DRILLING PLAN
400346055	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)