

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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Document Number:

400087236

Plugging Bond Surety

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

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

5. Address: 1515 ARAPAHOE ST STE 1000

City: DENVER State: CO Zip: 80202

6. Contact Name: Matt Barber Phone: (303)606-4385 Fax: (303)629-8268

Email: Matt.Barber@Williams.com

7. Well Name: Federal Well Number: RG 42-15-298

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

9. Proposed Total Measured Depth: 10971

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 14 Twp: 2s Rng: 98w Meridian: 6

Latitude: 39.880515 Longitude: -108.366941

Footage at Surface: 1663 FNL 482 FWL

11. Field Name: Sulphur Creek Field Number: 80090

12. Ground Elevation: 6555 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 02/16/2010 PDOP Reading: 1.5 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 FEL/FWL Bottom Hole: FNL/FSL FEL/FWL

1853 FNL 656 FEL 1853 FNL 656 FEL

Sec: 15 Twp: 2s Rng: 98w Sec: 15 Twp: 2s Rng: 98w

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: 3500 ft

18. Distance to nearest property line: 2859 ft 19. Distance to nearest well permitted/completed in the same formation: 318 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.)
Sego	SEGO			
Williams & Iles	WFILS	527-6		

21. Mineral Ownership: Fee State Federal Indian Lease #: COC70241

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):
 T2S R98W: SEC. 15: LOTS 1 (42.86, NENE), 2 (42.64, NWNE) 3 (42.59, NENW), 6 (42.13, SENW), 7 (42.19, SWNE), 8 (42.41, SENE), S/2; SEC. 17: W/2NE, W/2

25. Distance to Nearest Mineral Lease Line: 656 ft 26. Total Acres in Lease: 975

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: Evaporation & Backfilling

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	26	18	48#	80	135	80	
SURF	14+3/4	9+5/8	36#	3,051		3,051	
3RD	8+3/4	4+1/2	11.6#	10,971		10,971	

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

33. Comments Location constructed, will be expanded. 2A application accompanies this APD

34. Location ID: 335993

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: Matt Barber

Title: Sr. Regulatory Specialist Date: _____ Email: Matt.Barber@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	Permit Number: _____	Expiration Date: _____
05	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	Doc Description
400087334	WELL LOCATION PLAT	01_RG 42-15-298_CWP.pdf
400087335	TOPO MAP	02-RG 12-14-298_topo map.pdf
400087336	DEVIATED DRILLING PLAN	03_RG 42-15-298_Drilling Plan.pdf
400087337	FED. DRILLING PERMIT	20100823 Fed RG 42-15-298 Fed APD (Scanned).pdf

Total Attach: 4 Files