

FORM  
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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:

2008620

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: ENCANA OIL & GAS (USA) INC

4. COGCC Operator Number: 100185

5. Address: 370 17TH ST STE 1700

City: DENVER State: CO Zip: 80202-5632

6. Contact Name: DEANNESPECTOR Phone: (303)623-2300 Fax: (303)623-2400

Email: \_\_\_\_\_

7. Well Name: EDSON & SCHOLL Well Number: 11-14 (ON11)

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

9. Proposed Total Measured Depth: 10830

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 11 Twp: 8S Rng: 96W Meridian: 6

Latitude: 39.359142 Longitude: -108.078536

Footage at Surface: 650 FNL/FSL FSL 2010 FEL/FWL FWL

11. Field Name: ORCHARD Field Number: 62050

12. Ground Elevation: 5934 13. County: MESA

14. GPS Data:

Date of Measurement: 03/02/2007 PDOP Reading: 4.3 Instrument Operator's Name: L.D. VANCE

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 \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

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: 600

18. Distance to nearest property line: 650 19. Distance to nearest well permitted/completed in the same formation: 1327

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.)
ILES	ILES			
MANCOS A & B	MNCAB			
NIOBRARA-FRONTIER	NB-FR			
WILLIAMS FORK	WMFK			

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):  
T8S-R96W 6TH PM SEC 11: SE/4SW/4

25. Distance to Nearest Mineral Lease Line: \_\_\_\_\_ 650 \_\_\_\_\_ 26. Total Acres in Lease: \_\_\_\_\_ 40 \_\_\_\_\_

### 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: \_\_\_\_\_

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	24	16	.25"	40	4	40	0
SURF	12+1/4	9+5/8	36	1,211	433	1,211	0
1ST	8+3/4	7	23#,J55	6,560	497	6,560	5,040
1ST LINER	6+1/4	4+1/2		10,780	380	10,794	500

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

33. Comments \_\_\_\_\_

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: Y Print Name: DEANNE SPECTOR

Title: REGULATORY Date: 5/7/2008 Email: DEANNE.SPECTOR@ENCAN

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: David S. Neslin Director of COGCC Date: 9/29/2009

<b>API NUMBER</b> 05 077 10061 00	Permit Number: <u>20090586</u>	Expiration Date: <u>9/28/2010</u>
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**CONDITIONS OF APPROVAL, IF ANY:** \_\_\_\_\_

## **Condition of Approval**

Comment

Agency

24 HOUR SPUD NOTICE REQUIRED. E-MAIL: DAVID.ANDREWS@STATE.CO.US CEMENT TOP VERIFICATION BY CBL REQUIRED. THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1 MILE IS 900 FEET DEEP. SEE ATTACHED NOTICES  
NOTE: ALL NOTICES SHALL BE GIVEN VIA E-MAIL.