

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:

1692142

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: NICK G. CURRAN Phone: (720)876-5288 Fax: (720)876-6288
Email: NICK.CURRAN@ENCANA.COM

7. Well Name: WIGGETT Well Number: 0-2-13

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

9. Proposed Total Measured Depth: 8548

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 13 Twp: 1N Rng: 69W Meridian: 6

Latitude: 40.057080 Longitude: -105.070020

Footage at Surface: 552 FNL/FSL FNL 1241 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 5016 13. County: BOULDER

14. GPS Data:

Date of Measurement: 06/24/2008 PDOP Reading: 0.3 Instrument Operator's Name: TOM WINANS

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

Footage at Top of Prod Zone: FNL/FSL 1334 FNL 50 FWL FWL Bottom Hole: FNL/FSL 1334 FNL 50 FWL FWL

Sec: 13 Twp: 1N Rng: 69W Sec: 13 Twp: 1N Rng: 69W

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: 554

18. Distance to nearest property line: 270 19. Distance to nearest well permitted/completed in the same formation: 1284

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.)
CODELL	CODL	407	160	W2NW S13
J SAND	JSND	232-23	160	W2NW S13
NIOBRARA	NBRR	407	160	W2MW S13

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 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):
 SEC 12 SWSW LESS 2.5 ACRE TRACT IN SESW, SEC 13 NWNW LESS 3 ACRES IN SE CORNER & 3 ACRES IN NWNENW

25. Distance to Nearest Mineral Lease Line: _____ 50 _____ 26. Total Acres in Lease: _____ 80 _____

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
SURF	12+1/4	8+5/8	24	550	240	550	0
1ST	7+7/8	4+1/2	11.6	8,548	310	8,548	7,353
			Stage Tool	5,391	220	5,391	4,464

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

33. Comments NO CONDUCTOR CASING WILL BE USED. (TWINNING EXISTING WIGGETT 13-2)

34. Location ID: 336172

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: CHERYL JOHNSON

Title: REGULATORY Date: _____ Email: CJOHNSON@DELTAPETRO.

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 05 013 06592 00	Permit Number: _____ Expiration Date: _____
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CONDITIONS OF APPROVAL, IF ANY: _____

Attachment Check List

Att Doc Num	Name	Doc Description
1692142	APD ORIG & 1 COPY	LF@2158634 1692142
1692150	WELL LOCATION PLAT	LF@2158635 1692150
1692151	HYDROLOGY MAP	LF@2158718 1692151
1692152	MINERAL LEASE MAP	LF@2158717 1692152
1692153	30 DAY NOTICE LETTER	LF@2158636 1692153
1692154	DEVIATED DRILLING PLAN	LF@2158637 1692154

Total Attach: 6 Files