

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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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

Document Number:
1758405
Plugging Bond Surety
20050043

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: SEGAL Well Number: 2-4-24

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

9. Proposed Total Measured Depth: 7921

WELL LOCATION INFORMATION

10. QtrQtr: NWSW Sec: 24 Twp: 4N Rng: 66W Meridian: 6
Latitude: 40.295700 Longitude: -104.732500

Footage at Surface: 1980 FNL/FSL FSL 678 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4734 13. County: WELD

14. GPS Data:

Date of Measurement: 12/04/2007 PDOP Reading: 0.9 Instrument Operator's Name: DALLAS NIELSEN

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
2590 FNL 1320 FWL 2590 FNL 1320 FWL
Sec: 24 Twp: 4N Rng: 66W Sec: 24 Twp: 4N Rng: 66W

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: 678

18. Distance to nearest property line: 678 19. Distance to nearest well permitted/completed in the same formation: 888

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	407-87	160	GWA
NIOBRARA	NBRR	407-87	160	GWA

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):
T4N-R66W SEC 24 N/2

25. Distance to Nearest Mineral Lease Line: 47 26. Total Acres in Lease: 320

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	538	255	538	0
1ST	7+7/8	4+1/2	11.6	7,938	260	6,430	7,938
			Stage Tool	4,790	170	3,960	4,790

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

33. Comments NO CONDUCTOR CASING WILL BE USED. RECOMPLETION TWINNING MARTINSON 13-24

34. Location ID: 332684

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: NICK G. CURRAN

Title: REGULATORY AGENT Date: 8/14/2009 Email: NICK.CURRAN@ENCANA.CO

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: 10/18/2009

API NUMBER
05 123 25584 00

Permit Number: _____ Expiration Date: 10/17/2010

CONDITIONS OF APPROVAL, IF ANY: _____

Condition of Approval

Comment

Agency

OPERATOR MUST MEET WATER WELL TESTING REQUIREMENTS AS PER AMENDED RULE 318A.

PLEASE REMOVE 318A WATER WELL SAMPLING REQUIRMENTS AS THIS HAS BEEN SATISFIED. AJF

Attachment Check List

Att Doc Num	Name	Doc Description
1687361	OTHER	LF@2124567 1687361
1758405	APD ORIGINAL	LF@2124565 1758405

Total Attach: 2 Files