

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:
1774773
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: JEVIN CROTEAU Phone: (720)876-5339 Fax: (720)876-6339
 Email: JEVIN.CROTEAU@ENCANA.COM

7. Well Name: PURITAN Well Number: 6-8-34

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

9. Proposed Total Measured Depth: 8374

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 34 Twp: 2N Rng: 68W Meridian: 6
 Latitude: 40.089970 Longitude: -104.982300

Footage at Surface: 836 FNL/FSL FSL 674 FEL/FWL FEL

11. Field Name: SPINDLE Field Number: 77900

12. Ground Elevation: 4984 13. County: WELD

14. GPS Data:
 Date of Measurement: 06/09/2008 PDOP Reading: 0.2 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 50 FSL 1300 FEL/FWL FEL Bottom Hole: FNL/FSL 50 FSL 1300 FEL/FWL FEL
 Sec: 34 Twp: 2N Rng: 68W Sec: 34 Twp: 2N Rng: 68W

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: 199 ft
 18. Distance to nearest property line: 119 ft 19. Distance to nearest well permitted/completed in the same formation: 1029 ft

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	
J SAND	JSND	232-23	160	
NIOBRARA	NBRR	407	160	

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):
SE OF SEC 34,T2N,R68W

25. Distance to Nearest Mineral Lease Line: _____ 50 ft _____ 26. Total Acres in Lease: _____ 160 _____

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	650	280	650	
1ST	7+7/8	4+1/2	11.6	8,374	280	8,374	7,309

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

33. Comments NO CONDUCTOR CASING WILL BE USED.

34. Location ID: 336413

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: JEVIN CROTEAU

Title: REGULATORY ANALYST Date: _____ Email: JEVIN.CROTEAU@ENCANA.C

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 05 123 29295 00	Permit Number: _____ Expiration Date: _____
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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
1774773	APD ORIGINAL	LF@2187955 1774773
1774774	WELL LOCATION PLAT	LF@2187956 1774774
1774775	TOPO MAP	LF@2187957 1774775
1774776	MINERAL LEASE MAP	LF@2187869 1774776
1774777	SURFACE AGRMT/SURETY	LF@2187958 1774777
1774778	30 DAY NOTICE LETTER	LF@2187959 1774778
1774779	DEVIATED DRILLING PLAN	LF@2187960 1774779
1774780	EXCEPTION LOC REQUEST	LF@2187961 1774780
1774781	EXCEPTION LOC WAIVERS	LF@2187962 1774781
1774782	PROPOSED SPACING UNIT	LF@2187963 1774782

Total Attach: 10 Files