

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:
400007037
Plugging Bond Surety
20020067

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: Miracle Pfister Phone: (720)876-3761 Fax: (720)876-6060
Email: miracle.pfister@encana.com

7. Well Name: Warren Well Number: 15-10BB (PI15)

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

9. Proposed Total Measured Depth: 8243

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 15 Twp: 7S Rng: 95W Meridian: 6

Latitude: 39.437280 Longitude: -107.976730

Footage at Surface: 2589 FNL/FSL FSL 679 FEL/FWL FEL

11. Field Name: Parachute Field Number: 67350

12. Ground Elevation: 6675.7 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 09/27/2007 PDOP Reading: -1.0 Instrument Operator's Name: Ted Taggart

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

Footage at Top of Prod Zone: FNL/FSL 2440 FSL 1980 FEL/FWL FEL Bottom Hole: FNL/FSL 2440 FSL 1980 FEL/FWL FEL
Sec: 15 Twp: 7S Rng: 95W Sec: 15 Twp: 7S Rng: 95W

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: 805

18. Distance to nearest property line: 169 19. Distance to nearest well permitted/completed in the same formation: 720

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	440-50	320	E2
Williams Fork	WMFK	440-50	320	E2

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):
T7S-R95W, Sec 10: E2SW Sec 10: 15 NE, E2NW, N2SE

25. Distance to Nearest Mineral Lease Line: 620 26. Total Acres in Lease: 400

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+0/0	16+0/0	Linepipe	40	5	40	0
SURF	12+1/4	8+5/8	24#/32#	850	544	850	0
1ST	7+7/8	4+1/2	11.6#	8,243	526	8,243	0

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

33. Comments This well is located within the 3 mile radius of Project Rulison (Tier 2). A notification letter was sent to the DOE on Oct 3, 2009. The pad location has been built and the pad will need to be expanded to add the additional wells. Changes have been made to the surface location and TD from the original approved APD. TOC will be >500 TOG

34. Location ID: 334751

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: Miracle Pfister

Title: Regulatory Analyst Date: 10/8/2009 Email: miracle.pfister@encana.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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05 045 17730 00

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
400007038	FORM 2 SUBMITTED	400007038.pdf
400009189	CORRESPONDENCE	PI15 DOE.pdf
400009190	SURFACE AGRMT/SURETY	PI15 SUA.pdf
400009191	FORM 2 SUBMITTED	400009191.pdf

Total Attach: 4 Files