

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:

400021684

Plugging Bond Surety

3. Name of Operator: ENCANA OIL & GAS (USA) INC 4. COGCC Operator Number: 1001855. Address: 370 17TH ST STE 1700City: DENVER State: CO Zip: 80202-56326. Contact Name: DeAnne Spector Phone: (720)876-5826 Fax: (720)876-6060Email: deanne.spector@encana.com7. Well Name: Federal Gardner Well Number: 20-6 (PN20)

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

9. Proposed Total Measured Depth: 7675

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 20 Twp: 7S Rng: 95W Meridian: 6Latitude: 39.418660 Longitude: -108.022320Footage at Surface: 1079 FNL/FSL FSL 2174 FEL/FWL FWL11. Field Name: Parachute Field Number: 6735012. Ground Elevation: 5782 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 06/03/2008 PDOP Reading: -1.0 Instrument Operator's Name: Ted Taggart15. 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

1810 FNL 1980 FWL 1810 FNL 1980 FWLSec: 20 Twp: 7S Rng: 95W Sec: 20 Twp: 7S Rng: 95W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 2640 ft18. Distance to nearest property line: 306 19. Distance to nearest well permitted/completed in the same formation: 675 ft

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 | 139-48 | | |
| Williams Fork | WMFK | 440-52 | | |

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 20: NENE S2NE, SENW, E2NWNW; Sec 21: S2SW; Sec 28: IOTS 3, 4.

25. Distance to Nearest Mineral Lease Line: 657 ft 26. Total Acres in Lease: 344

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 | .25 wall | 40 | 5 | 40 | 0 |
| SURF | 12+1/4 | 8+5/8 | 24 | 800 | 512 | 800 | 0 |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 7,675 | 791 | 7,675 | 800 |

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

33. Comments The subject well falls under the S. Parachute GAP that was approved by the BLM on 6/2006. A copy has been given to the COGCC for their records.

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: _____ Print Name: DeAnne Spector

Title: Regulatory Analyst Date: _____ Email: deanne.spector@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: _____

| | | |
|-------------------|--|------------------------|
| API NUMBER | Permit Number: _____ | Expiration Date: _____ |
| 05 | 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 |
|-------------|------------------------|---|
| 400021740 | PLAT | Plat PN-20 August 31, 2009.pdf |
| 400021744 | CONST. LAYOUT DRAWINGS | Construction August 31 2009.pdf |
| 400021745 | TOPO MAP | TOPO Federal 20-11 (PN20).pdf |
| 400021749 | ACCESS ROAD MAP | Road Federal 20-11 (PN20).pdf |
| 400021750 | LOCATION PICTURES | Pictures Federal 20-11 (PN20).pdf |
| 400021761 | DRILLING PLAN | Drill Plan.pdf |
| 400021762 | DEVIATED DRILLING PLAN | Encana Federal Gardner 20-6 Rev-A.0 Plan 09.16.09.pdf |

Total Attach: 7 Files