

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:

2093536

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: JEVIN CROTEAU Phone: (720)876-5339 Fax: (720)876-6339Email: JEVIN.CROTEAU@ENCANA.COM7. Well Name: WRAY MESA Well Number: 36-348. Unit Name (if appl): HORN UNIT Unit Number: COC-72317X9. Proposed Total Measured Depth: 10757

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 36 Twp: 47N Rng: 20W Meridian: NLatitude: 38.287309 Longitude: -109.021136Footage at Surface: 1945 FNL/FSL FNL 975 FEL/FWL FEL11. Field Name: WILDCAT Field Number: _____12. Ground Elevation: 7289.2 13. County: MONTROSE

14. GPS Data:

Date of Measurement: 05/20/2008 PDOP Reading: 1.8 Instrument Operator's Name: DAN MORBY15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 1469 FSL 158 FEL 1469 FEL/FWL 158 FEL
Sec: 36 Twp: 47N Rng: 20W Sec: 36 Twp: 47N Rng: 20W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 1400 ft18. Distance to nearest property line: 15095 ft 19. Distance to nearest well permitted/completed in the same formation: 5 mi

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.)
CUTLER	CTLR			
HERMOSA	HRMS			

21. Mineral Ownership: Fee State Federal Indian Lease #: COC-62156

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):
ALL OF SEC. 36& ALL OF SEC. 25 T47N, R20W

25. Distance to Nearest Mineral Lease Line: 158 ft 26. Total Acres in Lease: 1280

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: RECYCLE & BURY

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	9+5/8	36	2,460	0	2,460	
1ST	8+3/4	5+1/2	17	10,757	2,100	10,757	2,200

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

33. Comments NO CONDUCTOR CASING WILL BE USED. NOTHING HAS CHANGED FROM THE ORIGINAL APD.

34. Location ID: 313643

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 05 085 06049 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
2093536	APD ORIGINAL	LF@2204603 2093536
2093537	WELL LOCATION PLAT	LF@2204605 2093537
2093538	TOPO MAP	LF@2204827 2093538
2093539	MINERAL LEASE MAP	LF@2204606 2093539
2093540	DEVIATED DRILLING PLAN	LF@2204607 2093540
2093541	H2S CONTINGENCY PLAN	LF@2204608 2093541
2093542	FED. DRILLING PERMIT	LF@2204609 2093542

Total Attach: 7 Files