

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:

2094997

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: BAKER Well Number: 6-4-27

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

9. Proposed Total Measured Depth: 8712

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 27 Twp: 1N Rng: 68W Meridian: 6Latitude: 40.024020 Longitude: -104.987820Footage at Surface: 1962 FNL/FSL FNL 2158 FEL/FWL FEL11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 5227 13. County: BROOMFIELD

14. GPS Data:

Date of Measurement: 01/06/2010 PDOP Reading: 1.9 Instrument Operator's Name: CRAIG BURKE15. 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 1200 FEL 2590 FNL 1200 FELSec: 27 Twp: 1N Rng: 68W Sec: 27 Twp: 1N Rng: 68W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 481 ft18. Distance to nearest property line: 459 ft 19. Distance to nearest well permitted/completed in the same formation: 1124 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.)
CODELL	CODL	407	160	S2NE & N2SE
J SAND	JSND	232-23	160	S2NE & N2SE
NIOBRARA	NBRR	407	160	S2NE & N2SE

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#: 20050027

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):
NE OF SEC. 27, T1N, R68W

25. Distance to Nearest Mineral Lease Line: 49 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	1,000	430	1,000	0
1ST	7+7/8	4+1/2	11.6	8,712	320	8,712	7,487

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

33. Comments NO CONDUCTOR CASING WILL BE USED

34. Location ID: 380085

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 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 Permit Number: _____ Expiration Date: _____

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
2094997	APD ORIGINAL	LF@2218482 2094997
2095000	WELL LOCATION PLAT	LF@2218483 2095000
2095001	TOPO MAP	LF@2218484 2095001
2095002	30 DAY NOTICE LETTER	LF@2218485 2095002
2095003	DEVIATED DRILLING PLAN	LF@2218486 2095003
2095004	PROPOSED SPACING UNIT	LF@2218487 2095004

Total Attach: 6 Files