

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:

400042504

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: MIRACLE PFISTER Phone: (720)876-3761 Fax: (720)876-6060
 Email: miracle.pfister@encana.com
 7. Well Name: HMU Well Number: 9-7 (E9W)
 8. Unit Name (if appl): HUNTER MESA Unit Number: COC55972E
 9. Proposed Total Measured Depth: 10481

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 9S Twp: 7S Rng: 93W Meridian: 6
 Latitude: 39.462070 Longitude: -107.784870
 Footage at Surface: 1870 FNL/FSL FNL 1050 FEL/FWL FWL
 11. Field Name: MAMM CREEK Field Number: 52500
 12. Ground Elevation: 7120 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 03/24/2009 PDOP Reading: 2.0 Instrument Operator's Name: ROD MOORE

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

Footage at Top of Prod Zone: FNL/FSL 2113 FNL 2221 FEL 2145 FNL 2214 FEL
 Bottom Hole: FNL/FSL 2145 FNL 2214 FEL
 Sec: 9 Twp: 7S Rng: 93W Sec: 9 Twp: 7S Rng: 93W

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: 284 ft

18. Distance to nearest property line: 308 ft 19. Distance to nearest well permitted/completed in the same formation: 660 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			
WILLIAMS FORK	WMFK			

21. Mineral Ownership: Fee State Federal Indian Lease #: COC50128

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-R93W SEC 9: NENE, S2NE, SE, W2SW, W2NW

25. Distance to Nearest Mineral Lease Line: 714 ft 26. Total Acres in Lease: 440

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	26	16	42	40	5	40	0
SURF	12+1/4	9+5/8	36	1,122	375	1,122	0
1ST	8+3/4	4+1/2	11.6	10,481	1,170	10,481	5,640

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

33. Comments THIS IS A RECOMPLETE UPHOLE IN THE WILLIAMS FORK FORMATION.

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: MIRACLE PFISTER

Title: REGULATORY ANALYST Date: _____ 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: _____

API NUMBER 05 045 17064 00	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
400042537		HMU 9-7 (E9W) State Sundry for recomplete.pdf

Total Attach: 1 Files