

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

Refilling   
Sidetrack

Document Number:  
400053253  
Plugging Bond Surety  
20100017

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: TWIN CREEK Well Number: 1-9C1 (O1EB)

8. Unit Name (if appl): HUNTER MESA Unit Number: COC55972E

9. Proposed Total Measured Depth: 6922

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 1 Twp: 7S Rng: R92W Meridian: 6  
Latitude: 39.471450 Longitude: -107.612370

Footage at Surface: 844 <sup>FNL/FSL</sup> FSL 1834 <sup>FEL/FWL</sup> FEL

11. Field Name: MAMM CREEK Field Number: 52500

12. Ground Elevation: 6062.2 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 08/13/2008 PDOP Reading: 0.0 Instrument Operator's Name: TED TAGGART

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

Footage at Top of Prod Zone: <sup>FNL/FSL</sup> 910 FNL 1120 FEL <sup>FEL/FWL</sup> 910 FNL 1120 FEL  
Sec: 1 Twp: 7S Rng: 92W Sec: 1 Twp: 7S Rng: 92W

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: 329 ft

18. Distance to nearest property line: 526 ft 19. Distance to nearest well permitted/completed in the same formation: 486 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 #: \_\_\_\_\_

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-R92W SEC 1: LOT, E/2SE/4, AND THAT PART OF THE NW/4SE/4 LYING EAST OF A LINE LYING FIVE FEET EASTERLY OF AND PARALLEL TO THE EASTERLY BANK OF EAST DIVIDE CREEK. SEC 12: NE/4NE/4

25. Distance to Nearest Mineral Lease Line: 328 ft 26. Total Acres in Lease: 133

**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	16	LINEPIPE	40	5	40	0
SURF	12+1/4	9+5/8	36	1,133	546	1,133	0
1ST	7+7/8	4+1/2	11.6	6,922	648	6,922	0

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

33. Comments TOP OF CEMENT IS 500' ABOVE TOG. RELATED FORM IS 2A WITH DOC # 400044633.

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: 4/8/2010 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

**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
400053302	DEVIATED DRILLING PLAN	(O1EB Pad) Twin Creek 1-9C1 Plan #1.pdf
400053303	30 DAY NOTICE LETTER	Pages from 30 Day Notification O1EB Pad.pdf
400053304	PLAT	Twin Creek 1-9C1 (O1EB) Plat.pdf

Total Attach: 3 Files