

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:

400055298

Plugging Bond Surety

20100017

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: TWIN CREEK Well Number: 12-2A1 (O1EB)

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

9. Proposed Total Measured Depth: 6606

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 1 Twp: 7S Rng: 92W Meridian: 6

Latitude: 39.471430 Longitude: -107.612460

Footage at Surface: 837 FNL/FSL FSL 1859 FEL/FWL 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: FNL/FSL 100 FNL 1650 FEL Bottom Hole: FNL/FSL 100 FNL 1650 FEL

Sec: 12 Twp: 7S Rng: 92W Sec: 12 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: 551 ft 19. Distance to nearest well permitted/completed in the same formation: 564 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: W/2SE/4, LESS 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 1: E/2SW/4 SEC 12: W/ENE/4, E/2NW/4, SW/4NW/4, NE/4SW/4, NW/4SE/4.

25. Distance to Nearest Mineral Lease Line: 337 ft 26. Total Acres in Lease: 433

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	20	16	LINEPIPE	40	5	40	0
SURF	12+1/4	9+5/8	36	1,126	543	1,126	0
1ST	7+7/8	4+1/2	11.6	6,606	648	6,606	0

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

33. Comments TOP OF CEMENT IS 500' ABOVE TOG. RELATED FORM 2A DOC # IS 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: _____ 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	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
400055315	PLAT	Twin Creek 12-2A1 (O1EB) Plat.pdf
400055317	DEVIATED DRILLING PLAN	(O1EB Pad) Twin Creek 12-2A1 Plan #1.pdf
400055320	SURFACE AGRMT/SURETY	O1EB SDA Memo 2-12-10.pdf
400055321	30 DAY NOTICE LETTER	Pages from 30 Day Notification O1EB Pad.pdf

Total Attach: 4 Files