

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:

400021242

Plugging Bond Surety

20100017

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: DeAnne Spector Phone: (720)876-5826 Fax: (720)876-6060Email: deanne.spector@encana.com7. Well Name: Federal Well Number: 20-11BB (PN20)

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

9. Proposed Total Measured Depth: 6923

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 20 Twp: 7S Rng: 95W Meridian: 6Latitude: 39.418570 Longitude: -108.022400Footage at Surface: 1047 FNL/FSL FSL 2151 FEL/FWL FWL11. Field Name: Parachute Field Number: 6735012. Ground Elevation: 5782 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 06/03/2008 PDOP Reading: 0.0 Instrument Operator's Name: Ted Taggart15. 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 _____

1500 FSL 1980 FWL 1500 FSL 1980 FWLSec: 20 Twp: 7S Rng: 95W Sec: 20 Twp: 7S Rng: 95W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 2640 ft18. Distance to nearest property line: 338 ft 19. Distance to nearest well permitted/completed in the same formation: 655 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.)
Williams Fork	WMFK	440-52	10	SW/4

21. Mineral Ownership: Fee State Federal Indian Lease #: COC01523

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-R95W Sec 19: E2SE; Sec 20: SW/4, NW/4SE/4; Sec 21: E/2, NE/4SW/4; Sec 22: Lots 2,3,4,5,8,9,10,11; Sec 27: Lots 2, 4, 5, SW/4NW/4, S/2NE/4SW/4, W/2SW/4, SE/4SW/4; Sec 28: Lots 1, 2, S/2N/2, S/2; Sec 29: ALL; Sec 30: Lot 3, SE/4NE/4

25. Distance to Nearest Mineral Lease Line: 692 ft 26. Total Acres in Lease: 2532

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+0/0	16+0/0	.25" wall	40	5	40	0
SURF	12+1/4	8+5/8	24	800	512	800	0
1ST	7+7/8	4+1/2	11.6	6,923	761	6,923	800

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

33. Comments The subject well falls under the S. Parachute GAP, approved by the BLM on 6/2006. A copy of this GAP has been given to the COGCC for their records.

34. Location ID: 334682

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: DeAnne Spector

Title: Regulatory Analyst Date: 12/10/2009 Email: deanne.spector@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 18710 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
400021242	FORM 2 SUBMITTED	400021242.pdf
400021293	TOPO MAP	TOPO Federal 20-11BB (PN20).pdf
400021296	ACCESS ROAD MAP	Road Federal 20-11BB (PN20).pdf
400021307	DRILLING PLAN	Drill Plan.pdf
400021308	DEVIATED DRILLING PLAN	Federal 20-11BB Rev-A.0 Plan 09.16.09.pdf
400021313	FED. DRILLING PERMIT	Federal Permit.pdf
400021341	PLAT	Plat August 31 2009.pdf

Total Attach: 7 Files