

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:

400061917

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: MIRACLE PFISTER Phone: (720)876-3761 Fax: (720)876-4861Email: miracle.pfister@encana.com7. Well Name: TWIN CREEK Well Number: 12-3D1 (F12E)8. Unit Name (if appl): HUNTER MESA Unit Number: COC 55972E9. Proposed Total Measured Depth: 6913

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 12 Twp: 7S Rng: 92W Meridian: 6Latitude: 39.462050 Longitude: -107.618770Footage at Surface: 2527 FNL/FSL FNL 1614 FEL/FWL FWL11. Field Name: MAMM CREEK Field Number: 5250012. Ground Elevation: 6144.8 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 08/13/2008 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 1055 FNL 2360 FWL 1055 FNL 2360 FEL FELBottom Hole: FNL/FSL 1055 FNL 2360 FEL FELSec: 12 Twp: 7S Rng: 92W Sec: 12 Twp: 7S Rng: 92W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: mi18. Distance to nearest property line: 321 ft 19. Distance to nearest well permitted/completed in the same formation: 290 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 SECTION 1: W2SE, 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, E2SW. SECTION 12: W2NE, E2NW, SWNW, NESW, NWSE. SEE ATTACHED.

25. Distance to Nearest Mineral Lease Line: 1047 ft 26. Total Acres in Lease: 443

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 | 1,109 | 534 | 1,109 | 0 |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 6,913 | 648 | 6,913 | 0 |

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

33. Comments TOP OF CEMENT FOR THE PRODUCTION CASING WILL BE 500' ABOVE TOG. RELATED FORM 2A # IS 400060081.

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: _____

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 |
|-------------|-------------------------|--|
| 400061958 | DEVIATED DRILLING PLAN | Twin Creek 12-3D1 Plan #1.pdf |
| 400061959 | PLAT | Twin Creek 12-3D1 (F12E) Plat.pdf |
| 400061960 | LEGAL/LEASE DESCRIPTION | Thompson O and G Legal Description.pdf |
| 400061961 | LEGAL/LEASE DESCRIPTION | Bracken O and G Legal Description.pdf |
| 400061979 | SURFACE AGRMT/SURETY | F12E SDA-Memo 2-12-10.pdf |

Total Attach: 5 Files