

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:

400078221

Plugging Bond Surety

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)876-6826Email: deanne.spector@encana.com7. Well Name: Daybreak Federal Well Number: 19-6C (PJ19)

8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 6796

## WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 19 Twp: 7S Rng: 95W Meridian: 6Latitude: 39.421280 Longitude: -108.038680Footage at Surface: 2028 FNL/FSL FSL 2415 FEL/FWL FEL11. Field Name: Parachute Field Number: 6735012. Ground Elevation: 5421 13. County: GARFIELD

## 14. GPS Data:

Date of Measurement: 01/26/2010 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 \_\_\_\_\_

1385 FNL 1953 FWL 1385 FNL 1953 FWLSec: 19 Twp: 7S Rng: 95W Sec: 19 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: 253 ft18. Distance to nearest property line: 612 ft 19. Distance to nearest well permitted/completed in the same formation: 370 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	139-95	320	N2

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):  
 Sec. 19: Lots 1-3, W2NW, E2SW, W2SE; Sec. 30: Lots 4, 5, 7, 8, NESW, SENW, SWNE; Surface: Fee, Minerals: 50% Fee, 50% Federal

25. Distance to Nearest Mineral Lease Line: 1385 ft 26. Total Acres in Lease: 720

### 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	9+5/8	36	1,200	321	1,200	0
1ST	7+7/8	4+1/2	11.6	6,796	642	6,796	0

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

33. Comments Reference area photos will be taken during the growing season. The surface casing will be 200' MSVD and 500' into the intermediate casing.

34. Location ID: 417538

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: \_\_\_\_\_ 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: \_\_\_\_\_

<b>API NUMBER</b>	Permit Number: _____	Expiration Date: _____
05	<b>CONDITIONS OF APPROVAL, IF ANY:</b>	

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
400078632	DEVIATED DRILLING PLAN	Daybreak Federal 19-6C Plan #1.pdf
400078633	OTHER	BHL Lat Long.pdf
400078634	FED. DRILLING PERMIT	Federal Permit.pdf
400078635	PLAT	Plat 19-6C.pdf
400078636	ACCESS ROAD MAP	Access Road.pdf
400078638	TOPO MAP	Topo.pdf
400078641	SURFACE AGRMT/SURETY	SDA.pdf
400078642	30 DAY NOTICE LETTER	30 DAY LTR.pdf
400078643	OTHER	Location shift 20' to East documents.pdf
400078956	LOCATION PICTURES	Photos.pdf

Total Attach: 10 Files