

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:

400078068

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: 19-8BB (PJ19)

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

9. Proposed Total Measured Depth: 6611

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 19 Twp: 7S Rng: 95W Meridian: 6Latitude: 39.421340 Longitude: -108.038360Footage at Surface: 2052 FNL/FSL FSL 2323 FEL/FWL FEL11. Field Name: Parachute Field Number: 6735012. Ground Elevation: 5427 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

2420 FNL 642 FEL 2420 FNL 642 FELSec: 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: 588 ft 19. Distance to nearest well permitted/completed in the same formation: 390 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	N/2

21. Mineral Ownership: Fee State Federal Indian Lease #: COC019572

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. 9: SENW; Sec. 19: that part of SENE lying S of CR/Stone Quarry Rd. Surface: Fee; Minerals: 50% Fee, 50% Federal.

25. Distance to Nearest Mineral Lease Line: 220 ft 26. Total Acres in Lease: 78

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	6,611	615	6,611	0

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

33. Comments Reference area photos will be taken during the growing season. 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: _____

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
400078070	PLAT	Plat 19-8BB.pdf
400078080	TOPO MAP	Topo.pdf
400078082	ACCESS ROAD MAP	Access Road.pdf
400078087	SURFACE AGRMT/SURETY	SDA.pdf
400078088	30 DAY NOTICE LETTER	30 DAY LTR.pdf
400078089	FED. DRILLING PERMIT	Federal Permit.pdf
400078090	DEVIATED DRILLING PLAN	Daybreak Federal 19-8BB Plan #1.pdf
400078124	OTHER	Location shift 20' to East documents.pdf
400078584	OTHER	BHL Lat Long.pdf
400078750	LOCATION PICTURES	Photos.pdf

Total Attach: 10 Files