

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:
400097271
Plugging Bond Surety

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: DeAnne Spector Phone: (720)876-5826 Fax: (720)876-6826
Email: deanne.spector@encana.com

7. Well Name: HMU Federal Well Number: 26-8B1 (D25W)

8. Unit Name (if appl): Middleton Creek Unit Number: COC68997A

9. Proposed Total Measured Depth: 9505

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 25 Twp: 7S Rng: 93W Meridian: 6
Latitude: 39.422852 Longitude: -107.730721

Footage at Surface: 518 feet ^{FNL/FSL} FNL 542 feet ^{FEL/FWL} FWL

11. Field Name: Mamm Creek Field Number: 52500

12. Ground Elevation: 7229 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 07/08/2010 PDOP Reading: 3.2 Instrument Operator's Name: C.D. Slaugh

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: ^{FNL/FSL} 1575 FNL 675 FEL ^{FEL/FWL} 1575 FNL 675 FEL
Sec: 26 Twp: 7S Rng: 93W Sec: 26 Twp: 7S Rng: 93W

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: 4257 ft

18. Distance to nearest property line: 749 ft 19. Distance to nearest well permitted/completed in the same formation: 400 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 #: COC069616

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):
 7S-93W; Sec. 22, SWNW, S2SW; Sec. 26, W2NE, SENE, W2, W2SE; Sec.27, SESW, E2SE, SWSE, SENE, W2NW, NWSW.

25. Distance to Nearest Mineral Lease Line: 302 ft 26. Total Acres in Lease: 960

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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	24+0/0	16+0/0	65		40	5	40	0
SURF	12+1/4	9+5/8	36		1,425	381	1,425	0
1ST	7+7/8	4+1/2	11.6		9,505	721	9,505	0

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

33. Comments TOC will be 200>MSVD. Pad to the road is 4257'. Exception Location for reduced setback between units.

34. Location ID: 334618

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: _____

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.

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Attachment Check List

Att Doc Num	Name
400097352	DRILLING PLAN
400097361	PLAT
400131599	FED. DRILLING PERMIT

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)