

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:  
400163199  
Plugging Bond Surety  
20100017

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: MIRACLE PFISTER Phone: (720)876-3761 Fax: (720)876-4861  
Email: miracle.pfister@encana.com

7. Well Name: ENCANA FEE Well Number: 24-8B1 (K19CNE)

8. Unit Name (if appl): GRASS MESA Unit Number: COC 56608X

9. Proposed Total Measured Depth: 8778

WELL LOCATION INFORMATION

10. QtrQtr: LOT 3 Sec: 19 Twp: 6S Rng: 92W Meridian: 6  
Latitude: 39.511319 Longitude: -107.713796

Footage at Surface: 2370 feet FSL 321 feet FWL

11. Field Name: MAMM CREEK Field Number: 52500

12. Ground Elevation: 5670 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 11/08/2010 PDOP Reading: 2.4 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 FEL/FWL Bottom Hole: FNL/FSL FEL/FWL  
1500 FNL 845 FEL 1500 FNL 845 FEL  
Sec: 24 Twp: 6S Rng: 93W Sec: 24 Twp: 6S 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: 1012 ft

18. Distance to nearest property line: 228 ft 19. Distance to nearest well permitted/completed in the same formation: 270 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			

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):  
 6S-93W SEC 23: NESE SEC 24: NWSW, E2SE, LESS AND EXCEOT A ESTIMATED 4.006 ACRE TRACT AND A 33.34 ACRE TRACT IN THE N2. SEC 25: E2NE, SWNE, SE

25. Distance to Nearest Mineral Lease Line: 240 ft 26. Total Acres in Lease: 627

### 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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)?  Yes  No

31. Mud disposal:  Offsite  Onsite **If 28, 29, or 30 are "Yes" a pit permit may be required.**

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	16	LINEPIPE	0	40	5	40	0
SURF	12+1/4	9+5/8	36	0	1,319	412	1,319	0
1ST	7+7/8	4+1/2	11.6	0	8,778	611	8,778	0

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

33. Comments THE NEAREST DISTANCE IS TO A PUBLIC ROAD. THIS IS ENCANA SURFACE AND NO SDA OR 30 DAY LETTER IS ATTACHED. TOP OF CEMENT FOR THE PRODUCTION CASING IS 500 FT ABOVE TOP OF GAS.

34. Location ID: 335409

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: \_\_\_\_\_

<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.

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**Attachment Check List**

Att Doc Num	Name
400163720	DEVIATED DRILLING PLAN
400163721	PLAT

Total Attach: 2 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)