



DE	ET	OE	ES
----	----	----	----

Document Number:
 400170841
 Plugging Bond Surety

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, **Recomplete and Operate**

2. TYPE OF WELL
 OIL GAS COALBED OTHER _____
 SINGLE ZONE MULTIPLE COMMINGLE

Refiling
 Sidetrack

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: ORCHARD UNIT Well Number: 16-16 (P16OU)
 8. Unit Name (if appl): ORCHARD UNIT Unit Number: COC66496X
 9. Proposed Total Measured Depth: 10420

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 16 Twp: 8S Rng: 96W Meridian: 6
 Latitude: 39.344010 Longitude: -108.105850
 Footage at Surface: 605 feet FSL 410 feet FEL
 11. Field Name: GRAND VALLEY Field Number: 31290
 12. Ground Elevation: 6004 13. County: GARFIELD

14. GPS Data:
 Date of Measurement: 07/03/2007 PDOP Reading: 1.7 Instrument Operator's Name: DANIEL TAGGART

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
640 FSL 436 FEL 636 FSL 597 FEL
 Sec: 16 Twp: 8S Rng: 96W Sec: 16 Twp: 8S Rng: 96W

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: 200 ft
 18. Distance to nearest property line: 729 ft 19. Distance to nearest well permitted/completed in the same formation: 550

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.)
MANCOS	MNCS			

21. Mineral Ownership: Fee State Federal Indian Lease #: COC58674
 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 Bond \$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):

T8S-R96W SEC 9: S2, NE, S2NW, SEC 10: W2NW, SW, W2SE, SEC 14: SWNW, NWSW, SESW, SEC 15: W2E2, SENE, W2, NESE, SEC 16: ALL

25. Distance to Nearest Mineral Lease Line: 605 ft 26. Total Acres in Lease: 2200

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	4	40	0
SURF	12+3/4	9+5/8	36	0	1,230	655	1,230	0
1ST	7+7/8	5+1/2	17	1600	10,398	1,060	10,398	1,600

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

33. Comments THIS WELL WAS ORIGINALLY DRILLED IN 2007 AND WE WOULD LIKE TO RECOMPLETE UPHOLE IN THE MANCOS.

34. Location ID: 312714

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: 6/1/2011 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: _____

API NUMBER

05 077 08925 00

Permit Number: _____ Expiration Date: _____

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
400170841	FORM 2 SUBMITTED

Total Attach: 1 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)