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Document Number:
 400175368
 Plugging Bond Surety
 20100017

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: Heather Mitchell Phone: (720)876-3070 Fax: (720)876-4070
 Email: heather.mitchell@encana.com
 7. Well Name: Benzel Fee Well Number: 25-8D (F25NWB)
 8. Unit Name (if appl): Grass Mesa Unit Unit Number: COC-056608X
 9. Proposed Total Measured Depth: 8528

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 25 Twp: 6S Rng: 93W Meridian: 6
 Latitude: 39.500234 Longitude: -107.725936
 Footage at Surface: 1648 feet FNL 2171 feet FNL
 11. Field Name: Mamm Creek Field Number: 52500
 12. Ground Elevation: 5825 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: 1435 FNL 730 FEL Bottom Hole: 1435 FNL 730 FEL
 Sec: 25 Twp: 6S Rng: 93W Sec: 25 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: 1904 ft
 18. Distance to nearest property line: 502 ft 19. Distance to nearest well permitted/completed in the same formation: 120 ft

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 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):

6S-93W; Sec. 23: NESE; Sec. 24: N2, NWSW, E2SE, Sec. 25: E2NE, SWNE

25. Distance to Nearest Mineral Lease Line: 730 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	1,280	402	1,280	0
2ND	7+7/8	4+1/2	12	0	8,528	648	8,528	

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

33. Comments Distance in #17 is to the nearest public road Conductor and surface casing is cemented to surface Production casing is cemented to 500' above TOG

34. Location ID: _____

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: Heather Mitchell

Title: Regulatory Analyst Date: _____ Email: heather.mitchell@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

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
400175388	DEVIATED DRILLING PLAN
400175389	PLAT
400175390	SURFACE AGRMT/SURETY

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)