

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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Document Number:

400177187

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 Federal Well Number: 24-15F (F25NWB)

8. Unit Name (if appl): Grass Mesa Unit Unit Number: COC-056608X

9. Proposed Total Measured Depth: 8631

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 25 Twp: 6S Rng: 93W Meridian: 6
 Latitude: 39.500258 Longitude: -107.726291

Footage at Surface: 1639 feet FNL 2072 feet FWL

11. Field Name: Mamm Creek Field Number: 52500

12. Ground Elevation: 5828 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: 453 FSL 2588 FEL 453 FSL 2588 FWL
 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: 2002 ft

18. Distance to nearest property line: 601 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.)
Williams Fork	WMFK			

21. Mineral Ownership: Fee State Federal Indian Lease #: COC-56035

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. 21: S2NW, Sec. 24: NESW, S2SW, W2SE, Sec. 25: NWNE, Sec. 28: NENW

25. Distance to Nearest Mineral Lease Line: 460 ft 26. Total Acres in Lease: 360

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	1,290	404	1,290	0
2ND	7+7/8	4+1/2	12	0	8,631	873	8,631	

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

33. Comments Distance in #17 is calculated from the nearest public road. Conductor and surface casing cement will be run to surface. Production casing will be 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: 6/20/2011 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
400177187	FORM 2 SUBMITTED
400177190	DEVIATED DRILLING PLAN
400177191	PLAT
400177192	SURFACE AGRMT/SURETY

Total Attach: 4 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)