



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

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

Document Number:
 400239376
 PluggingBond SuretyID
 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: JENNIFER LIND Phone: (720)876-5890 Fax: (720)876-6890
 Email: JENNIFER.LIND@ENCANA.COM
 7. Well Name: MARTINSON Well Number: 14-24
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 7890

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 24 Twp: 4N Rng: 66W Meridian: 6
 Latitude: 40.291645 Longitude: -104.733100
 Footage at Surface: 510 feet FNL/FSL 510 feet FEL/FWL FWL
 11. Field Name: WATTENBERG Field Number: 90750
 12. Ground Elevation: 4744 13. County: WELD

14. GPS Data:
 Date of Measurement: 10/04/2007 PDOP Reading: 1.0 Instrument Operator's Name: DALLAS NIELSEN

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 _____
 Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____

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: 510 ft
 18. Distance to nearest property line: 510 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 1155 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.)
NIOBRARA	NBRR	407	160	SW/4

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):

T4N-R66W-SEC.24: SW/4; SEC.25: E/2NW/4

25. Distance to Nearest Mineral Lease Line: 510 ft 26. Total Acres in Lease: 240

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
SURF	12+1/4	8+5/8	24	0	579	285	579	0
1ST	7+7/8	4+1/2	11.6	0	7,882	210	6,292	7,882
			Stage Tool		4,818	270	4,818	3,896

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

33. Comments RECOMPLETION OF THE MARTINSON 14-24. THIS RECOMPLETION DOES NOT REQUIRE A FORM 2A AS NO PITS WILL BE CONSTRUCTED AND THERE WILL BE NO ADDITIONAL SURFACE DISTURBANCE OUTSIDE OF THE ORIGINALLY DISTURBED AREA.

34. Location ID: 310574

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: JENNIFER LIND

Title: REGULATORY ANALYST Date: 1/10/2012 Email: JENNIFER.LIND@ENCANA.

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: David S. Nashin Director of COGCC Date: 2/5/2012

API NUMBER
05 123 26613 00

Permit Number: _____ Expiration Date: 2/4/2014

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
2481383	SURFACE CASING CHECK
400239376	FORM 2 SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Final review complete	2/1/2012 8:50:07 AM
Permit	Ready to pass pending public comoment 2/1/12	1/13/2012 10:33:33 AM
Permit	Operator corrected mineral lease description. This form has passed completeness.	1/11/2012 8:48:49 AM
Permit	Returned to draft. Mineral description does not match original APD.	1/11/2012 6:54:24 AM

Total: 4 comment(s)

BMP

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

Total: 0 comment(s)