

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



Document Number:

400275362

Date Received:

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 ☐

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: DAVIS Well Number: 2B-9H

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 14546

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 9 Twp: 2N Rng: 66W Meridian: 6

Latitude: 40.154440 Longitude: -104.789700

Footage at Surface: 1967 feet FNL/FSL 554 feet FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4882 13. County: WELD

14. GPS Data:

Date of Measurement: 12/08/2011 PDOP Reading: 1.6 Instrument Operator's Name: BURKE

15. If well is ☐ Directional ☒ Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 2067 FNL 1665 FWL 460 FEL/FWL 1650 FWL 460
Sec: 9 Twp: 2N Rng: 66W Sec: 4 Twp: 2N Rng: 66W

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: 653 ft

18. Distance to nearest property line: 554 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 34 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.) |
|------------------------|----------------|-------------------------|-------------------------------|--------------------------------------|
| NIOBRARA | NBRR | 407 | 480 | GWA |

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):

SEE ATTACHED MAP.

25. Distance to Nearest Mineral Lease Line: 460 ft

26. Total Acres in Lease: 2320

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 | 22 | 16 | 30 | 0 | 80 | 80 | 80 | 0 |
| SURF | 12+1/4 | 9+5/8 | 40 | 0 | 800 | 198 | 800 | 0 |
| 1ST | 8+3/4 | 7 | 26 | 0 | 7,696 | 942 | 7,696 | 500 |
| 2ND | 6+1/8 | 4+1/2 | 13.5 | 0 | 14,546 | 588 | 14,546 | 7,396 |

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

33. Comments THIS PERMIT IS INTENDED TO REPLACE THE ORIGINAL DAVIS 2B-9H APD (API # 05-123-35266-00). THE ORIGINAL SURFACE LOCATION OF THE DAVIS 2A-9H (API # 05-123-34752) HAS BEEN PLUGGED AND ABANDONED DUE TO PROBLEMS ENCOUNTERED DURING THE DRILLING OF THE SURFACE SECTION OF THE WELL. THE DAVIS 2A-9H HAS BEEN SLID EAST TO THE PERMITTED DAVIS 2B-9H SURFACE LOCATION SO DRILLING COULD BE CONTINUED. THE NEW WELL IN THE 2B-9H LOCATION HAS BEEN RENAMED THE DAVIS 2A-9H X AND WILL UTILIZE THE API # ORIGINALLY ASSIGNED TO THE DAVIS 2B-9H (API # 05-123-35266-00). THEREFORE, THE DAVIS 2B-9H NOW NEEDS A NEW API NUMBER ASSIGNED. THE SURFACE LOCATION FOR THE DAVIS 2B-9H HAS BEEN SHIFTED EAST 37' OF ITS ORIGINAL LOCATION DUE TO THE SHIFT OF THE DAVIS 2A-9H X. ENCANA ASK THAT THE RULE 305.c. COMMENT PERIOD BE WAIVED SINCE THIS WELL HAS OBTAINED PRIOR APPROVAL WITH NO LGD COMMENTS. PROPOSED SPACING UNIT IS THE NW/4 OF SEC.9-T2N-R66W AND W/2 OF SEC.4-T2N-R66W. ENCANA REQUESTS THE APPROVAL OF A VARIANCE TO RULE 318A.m. AS THE PROPOSED WELLBORE IS PLANNED TO BE CLOSER THAN 150' TO 3 PRODUCING WELLS.

34. Location ID: 330845

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: _____ 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: _____ 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.

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Attachment Check List

| Att Doc Num | Name |
|-------------|------------------------|
| 400275419 | DEVIATED DRILLING PLAN |
| 400275420 | DIRECTIONAL DATA |
| 400275424 | MINERAL LEASE MAP |
| 400275428 | VARIANCE REQUEST |
| 400275429 | OTHER |
| 400275440 | TOPO MAP |
| 400275456 | WELL LOCATION PLAT |
| 400275458 | PROPOSED SPACING UNIT |

Total Attach: 8 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> |
|--------------------------------|---|
| Drilling/Completion Operations | <p>Best Management Practice for a Horizontal Wellbore Fracturing Stimulation</p> <ol style="list-style-type: none">1. At least seven (7) days prior to fracture stimulation, the operator is to notify all operators of non-operated wells within 300 feet of the wellbore to be fracture stimulated of the anticipated date stimulation date and the recommended best management practice to shut-in all wells within 300' of the stimulated wellbore completed in the same formation.2. The operator will monitor the bradenhead pressure of all wells within 300 feet of the well to be fracture stimulated.3. Bradenhead pressure gauges are to be installed 24 hours prior to stimulation. The gauges are to read at least once during every 24-hour period until 24-hours after stimulation is completed (post flowback). The gauges are to be of the type able to read current pressure and record the maximum encountered pressure in a 24-hour period. The gauge is to be reset between each 24-hour period. The pressures are to be recorded and saved.4. If at any time during stimulation or the 24-hour post-stimulation period, the bradenhead annulus pressure of the treatment well or offset wells increases more than 200 psig, as per Rule 341, the operator of the well being stimulated shall verbally notify the Director as soon as practicable, but no later than twenty-four (24) hours following the incident. Within fifteen (15) days after the occurrence, the operator shall submit a Sundry Notice, Form 4, giving all details, including corrective actions taken. <p>Anti-collision BMP:</p> <p>Prior to drilling operations, Operator will perform an anti-collision scan of existing offset wells that have the potential of being within close proximity of the proposed well. This anti-collision scan will include definitive MWD or gyro surveys of the offset wells with included error of uncertainty per survey instrument, and compared against the proposed wellpath with its respective error of uncertainty. If current surveys do not exist for the offset wells, Operator may have gyro surveys conducted to verify bottomhole location. The proposed well will only be drilled if the anti-collision scan results indicate that there is not a risk for collision, or harm to people or the environment. For the proposed well, upon conclusion of drilling operations, an as-constructed gyro survey will be submitted to COGCC with the Form 5.</p> |

Total: 1 comment(s)