

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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APPLICATION FOR PERMIT TO:

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

2. TYPE OF WELL

OIL  GAS  COALBED  OTHER \_\_\_\_\_  
SINGLE ZONE  MULTIPLE ZONE  COMMINGLE ZONE

Refiling   
Sidetrack

Document Number:  
400093412  
Plugging Bond Surety  
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: Miracle Pfister Phone: (720)876-3761 Fax: (720)876-4861  
Email: miracle.pfister@encana.com

7. Well Name: Benzel Well Number: 36-6H (F25NWB)

8. Unit Name (if appl): Grass Mesa Unit Number: COC56608X

9. Proposed Total Measured Depth: 17863

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 25 Twp: 6S Rng: 93W Meridian: 6  
Latitude: 39.500713 Longitude: -107.725553

Footage at Surface: 1474 feet FNL 2282 feet FWL

11. Field Name: MAMM CREEK Field Number: 52500

12. Ground Elevation: 5833 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: FNL/FSL FEL/FWL Bottom Hole: FNL/FSL FEL/FWL  
1474 FNL 2282 FWL 1568 FNL 121 FEL  
Sec: 25 Twp: 6S Rng: 93W Sec: 35 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: 1870 ft

18. Distance to nearest property line: 390 ft 19. Distance to nearest well permitted/completed in the same formation: 300 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.)
Mancos	MNCS			

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 Bon  \$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):  
 Smallest Lease for the production interval: 6S-93W SEC 25: W2SW SEC 36: NWNW

25. Distance to Nearest Mineral Lease Line: 121 ft 26. Total Acres in Lease: 120

### 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	14+3/4	10+3/4	40.5	0	2,000	1,055	2,000	0
1ST	9+7/8	7+5/8	26.4	0	9,382	845	9,382	0
2ND	6+1/2	5	23.2	0	17,863	536	17,863	12,863

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

33. Comments THE NEAREST DISTANCE IT TO A PUBLIC ROAD. THE TOP OF THE INTERMEDIATE CASING WILL BE 500' ABOVE THE TOP OF GAS.

34. Location ID: 335104

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: \_\_\_\_\_ 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: \_\_\_\_\_

<b>API NUMBER</b>	Permit Number: _____	Expiration Date: _____
05	<b>CONDITIONS OF APPROVAL, IF ANY:</b>	

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
400165840	DEVIATED DRILLING PLAN
400165842	PLAT
400165844	30 DAY NOTICE LETTER
400165845	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)