

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:

400097570

Plugging Bond Surety

20100017

3. Name of Operator: ENCANA OIL & GAS (USA) INC 4. COGCC Operator Number: 1001855. Address: 370 17TH ST STE 1700City: DENVER State: CO Zip: 80202-56326. Contact Name: DeAnne Spector Phone: (720)876-5826 Fax: (720)876-6826Email: DeAnne.Spector@encana.com7. Well Name: HMU Fee Well Number: 23-16C1 (D25W)8. Unit Name (if appl): Hunter Mesa Unit Number: COC055972
E9. Proposed Total Measured Depth: 9397

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 25 Twp: 7S Rng: 93W Meridian: 6Latitude: 39.422937 Longitude: -107.730770Footage at Surface: 487 FNL/FSL FNL 528 FEL/FWL FWL11. Field Name: Mamm Creek Field Number: 5250012. Ground Elevation: 7228 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 07/08/2010 PDOP Reading: 3.2 Instrument Operator's Name: C.D. Slaugh15. 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

50 FSL 675 FEL 50 FSL 675 FELSec: 23 Twp: 7S Rng: 93W Sec: 23 Twp: 7S Rng: 93W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 4257 ft18. Distance to nearest property line: 718 mi 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.)
Iles	ILES			
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 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):
T7S-R93W; Sec. 13, S2SE; Sec. 23, E2E2; Sec. 24, E2, S2NW, N2SW.

25. Distance to Nearest Mineral Lease Line: 50 ft 26. Total Acres in Lease: 760

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 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

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	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	24+0/0	16+0/0	65	40	5	40	0
SURF	12+1/4	9+5/8	36	1,012	330	1,012	0
1ST	7+7/8	4+1/2	11.6	9,397	532	9,397	0

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

33. Comments TOC will be 500>TOG. Pad to road is 4257'.

34. Location ID: 334618

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: DeAnne Spector

Title: Regulatory Analyst Date: _____ Email: deanne.spector@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	Doc Description
400097627	PLAT	Plats.pdf
400097628	DEVIATED DRILLING PLAN	EnCana (D24W Pad) HMU 23-16C1 Plan #1.pdf

Total Attach: 2 Files