

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:

Document Number:

400116703

Plugging Bond Surety

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

2. TYPE OF WELL

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

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: DeAnne Spector Phone: (720)876-5826 Fax: (720)876-6826

Email: deanne.spector@encana.com

7. Well Name: HMU Federal Well Number: 16-14D (J16W)

8. Unit Name (if appl): Middleton Creek Unit Number: COC068997  
X

9. Proposed Total Measured Depth: 10917

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 16 Twp: 7S Rng: 93W Meridian: 6

Latitude: 39.443100 Longitude: -107.775688

Footage at Surface: 1694 feet FNL/FSL FSL 1671 feet FEL/FWL FEL

11. Field Name: Mamm Creek Field Number: 52500

12. Ground Elevation: 7647 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 06/02/2010 PDOP Reading: 1.9 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 680 FSL 2558 FWL FWL Bottom Hole: FNL/FSL 680 FSL 2558 FWL FWL

Sec: 16 Twp: 7S Rng: 93W Sec: 16 Twp: 7S 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: 7875 ft

18. Distance to nearest property line: 1671 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.)

21. Mineral Ownership:  Fee  State  Federal  Indian Lease #: COC55604

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. 16: W2NE, E2W2, NWNW, SWSW, SE.

25. Distance to Nearest Mineral Lease Line: 680 ft 26. Total Acres in Lease: 480

### 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	Wt/Ft	Csg/Line Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	12+1/4	8+5/8	24	0	779	393	393	0
1ST	7+7/8	4+1/2	11.6	0	7,102	600	7,102	1,382

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

33. Comments Production TOC will be 200>MSVD.

34. Location ID: 334641

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: \_\_\_\_\_

<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
400123646	FORM 5 SUBMITTED
400123652	LAS-CEMENT BOND
400123655	LAS-TRIPLE COMBINATION
400123656	CEMENT JOB SUMMARY

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)