

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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Document Number:

1691908

Plugging Bond Surety

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

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: JEVIN CROTEAU Phone: (720)867-5339 Fax: (720)876-6339
Email: JEVIN.CROTEAU@ENCANA.COM

7. Well Name: ARISTOCRAT ANGUS Well Number: 0-2-4

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

9. Proposed Total Measured Depth: 7468

WELL LOCATION INFORMATION

10. QtrQtr: NWNW Sec: 4 Twp: 3N Rng: 65W Meridian: 6

Latitude: 40.259950 Longitude: -104.675320

Footage at Surface: 622 FNL 675 FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4835 13. County: WELD

14. GPS Data:

Date of Measurement: 08/19/2009 PDOP Reading: 1.3 Instrument Operator's Name: JAY KNUTSON

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
1325 FNL 150 FWL 1325 FNL 150 FWL

Sec: Twp: Rng: Sec: 2 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: 1062

18. Distance to nearest property line: 159 19. Distance to nearest well permitted/completed in the same formation: 838

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.)
CODELL	CODL	407	160	E2NE W2NW
GREENHORN	GRNHN	1R-100	160	E2NE W2NW
NIOBRARA	NBRR	407	160	E2NE W2NW

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#: 2005

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):
PLEASE REFER TO THE ATTACHED LEASE AND LEASE MAP FOR THE ENTIRE MINERAL LEASE DESCRIPTION.

25. Distance to Nearest Mineral Lease Line: 150 26. Total Acres in Lease: 2257

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
SURF	12+1/4	8+5/8	24	550	240	550	
1ST	7+7/8	4+1/2	11.6	7,262	130	7,262	6,781

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

33. Comments NO CONDUCTOR CASING WILL BE USED.

34. Location ID: 328770

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: JEVIN CROTEAU

Title: REGULATORY ANALYST Date: _____ Email: JEVIN.CROTEAU@ENCANA.C

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	Permit Number: _____	Expiration Date: _____
05	CONDITIONS OF APPROVAL, IF ANY:	

Attachment Check List

Att Doc Num	Name	Doc Description
1691908	APD ORIG & 1 COPY	LF@2153035 1691908
1691915	WELL LOCATION PLAT	LF@2153037 1691915
1691916	TOPO MAP	LF@2153039 1691916
1691917	OIL & GAS LEASE	LF@2153041 1691917
1691918	LEASE MAP	LF@2153251 1691918
1691919	30 DAY NOTICE LETTER	LF@2153043 1691919
1691920	DEVIATED DRILLING PLAN	LF@2153045 1691920
1691921	EXCPETION LOC REQUEST	LF@2153047 1691921
1691923	PROPOSED SPACING UNIT	LF@2153049 1691923

Total Attach: 9 Files