

FORM

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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:  
1692004

Plugging Bond Surety  
20050026

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: NICK G. CURRAN Phone: (720)876-5288 Fax: (720)876-6288  
Email: NICK.CURRAN@ENCANA.COM

7. Well Name: ANNIS Well Number: 44-24

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

9. Proposed Total Measured Depth: 7743

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 24 Twp: 2N Rng: 65W Meridian: 6  
Latitude: 40.118090 Longitude: -104.605200

Footage at Surface: 510 FSL 670 FEL  
FNL/FSL FEL/FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4893 13. County: WELD

14. GPS Data:

Date of Measurement: 05/27/2008 PDOP Reading: 1.5 Instrument Operator's Name: JEFF POZVEK

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  
Sec: Twp: Rng: Sec: Twp: Rng:

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: 510

18. Distance to nearest property line: 510 19. Distance to nearest well permitted/completed in the same formation: 1239

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	407,407-66	320	S2
J SAND	JSND	232	320	S2
NIOBRARA	NBRR	407	320	S2

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):  
T2N-R65W SEC. 24, SESE/4

25. Distance to Nearest Mineral Lease Line: 510 26. Total Acres in Lease: 40

### 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	930	300	930	0
1ST	7+7/8	4+1/2	11.6	7,743	290	7,743	6,648

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

33. Comments NO CONDUCTOR CASING WILL BE USED.

34. Location ID: \_\_\_\_\_

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: NICK G. CURRAN

Title: REGULATORY Date: 10/5/2009 Email: NICK.CURRAN@ENCANA.CO

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> 05 123 28071 00	Permit Number: _____ Expiration Date: _____
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**CONDITIONS OF APPROVAL, IF ANY:** \_\_\_\_\_

### Attachment Check List

Att Doc Num	Name	Doc Description
1692004	APD ORIG & 1 COPY	LF@2156852 1692004
1692005	WELL LOCATION PLAT	LF@2156853 1692005
1692006	TOPO MAP	LF@2156854 1692006
1692007	LEASE MAP	LF@2156877 1692007
1692008	30 DAY NOTICE LETTER	LF@2156855 1692008
400008384	FORM 2 SUBMITTED	400008384.pdf

Total Attach: 6 Files