

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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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:

1692315

Plugging Bond Surety

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)876-5339 Fax: (720)876-6339

Email: JEVIN.CROTEAU@ENCANA.COM

7. Well Name: BAKER Well Number: 31-27

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

9. Proposed Total Measured Depth: 8769

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 27 Twp: 1N Rng: 68W Meridian: 6

Latitude: 40.024040 Longitude: -104.987750

FNL/FSL

FEL/FWL

Footage at Surface: 1958 FNL 2138 FEL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 5227 13. County: BROOMFIELD

14. GPS Data:

Date of Measurement: 06/19/2009 PDOP Reading: 1.7 Instrument Operator's Name: TOM WINANS

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
510 FNL 2130 FEL 510 FNL 2130 FEL
Sec: 27 Twp: 1N Rng: 68W Sec: 27 Twp: 1N Rng: 68W16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No

17. Distance to the nearest building, public road, above ground utility or railroad: 463

18. Distance to nearest property line: 431 19. Distance to nearest well permitted/completed in the same formation: 1271

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	NE OF SEC 27
J SAND	JSND	232-23	160	NE OF SEC 27
NIOBRARA	NBRR	407	160	NE OF SEC 27

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):
NE OF SEC. 27, T1N, R68W

25. Distance to Nearest Mineral Lease Line: 510 26. Total Acres in Lease: 160

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	1,050	450	1,050	0
1ST	7+7/8	4+1/2	11.6	8,769	320	8,769	7,556

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: JEVIN CROTEAU

Title: REGULATORY 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

05 014 20658 00

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY:

Attachment Check List

Att Doc Num	Name	Doc Description
1692315	APD ORIG 7 1 COPY	LF@2160838 1692315
1692316	WELL LOCATION PLAT	LF@2160840 1692316
1692318	TOPO MAP	LF@2160842 1692318
1692319	SURFACE AGRMT/SURETY	LF@2160844 1692319
1692320	30 DAY NOTICE LETTER	LF@2160846 1692320
1692321	DEVIATED DRILLING PLAN	LF@2160848 1692321

Total Attach: 6 Files