

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



DE ET OE ES

Document Number:

400005660

Plugging Bond Surety

20020067

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: MIRACLE PFISTER Phone: (720)876-3761 Fax: (720)876-6060

Email: miracle.pfister@encana.com

7. Well Name: SHIDELER Well Number: 25-15A (C31E)

8. Unit Name (if appl): HUNTER MESA Unit Number: COC55972E

9. Proposed Total Measured Depth: 9052

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 31 Twp: 7S Rng: 92W Meridian: 6

Latitude: 39.409258 Longitude: -107.711703

Footage at Surface: 265 FNL/FSL 683 FEL/FWL
FNL/FSL FEL/FWL

11. Field Name: MAMM CREEK Field Number: 52500

12. Ground Elevation: 6755.2 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 05/13/2009 PDOP Reading: 2.4 Instrument Operator's Name: CD SLAUGH

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
1030 FSL 1830 FEL 1030 FSL 1830 FEL
Sec: 25 Twp: 7S Rng: 93W Sec: 25 Twp: 7S Rng: 93W16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No

17. Distance to the nearest building, public road, above ground utility or railroad: 235

18. Distance to nearest property line: 2310 19. Distance to nearest well permitted/completed in the same formation: 158

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 6TH PM SEC 25: NE/4, SE/4NW/4, TRACT 68 SEC 36: PART OF TRACT 68 NW/4NE/4, NE/4NW/4, N/2 OF TRACT 69-PART

25. Distance to Nearest Mineral Lease Line: 1830 26. Total Acres in Lease: 640

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	16	linepipe	40	5	40	0
SURF	12+1/4	9+5/8	36#	850	287	850	0
S.C. 1.1	7+7/8	4+1/2	11.6#	9,052	534	9,052	500

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

33. Comments _____

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: MIRACLE PFISTER

Title: REGULATORY ANALYST Date: 9/17/2009 Email: miracle.pfister@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: _____
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CONDITIONS OF APPROVAL, IF ANY: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400005697	TOPO MAP	C31E Topo Map.pdf
400005701	30 DAY NOTICE LETTER	30 day notice for C31E.pdf
400005703	PLAT	Shideler 25-15A (C31E) Plat.pdf
400005704	DEVIATED DRILLING PLAN	SHIDELER 25-15A (C31E) DIRECTIONAL PLAN.pdf
400005706	SURFACE AGRMT/SURETY	Memo of SDA for C31E.pdf

Total Attach: 5 Files