

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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| DE | ET | OE | ES |
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Document Number:

400021872

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: 1001855. Address: 370 17TH ST STE 1700City: DENVER State: CO Zip: 80202-56326. Contact Name: MIRACLE PFISTER Phone: (720)876-3761 Fax: (720)876-6060Email: miracle.pfister@encana.com7. Well Name: GMR Well Number: 8-12C2 (K8W)

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

9. Proposed Total Measured Depth: 10203

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 8 Twp: 7S Rng: 93W Meridian: 6Latitude: 39.457872 Longitude: -107.799954
 Footage at Surface: 1840 FSL 1907 FWL
FNL/FSL FEL/FWL
11. Field Name: MAMM CREEK Field Number: 5250012. Ground Elevation: 7826 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 09/29/2009 PDOP Reading: 0.0 Instrument Operator's Name: D. SLAUGH15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: 1470 FSL 140 FWL Bottom Hole: 1470 FSL 140 FWLSec: 8 Twp: 7S Rng: 93W Sec: 8 Twp: 7S Rng: 93W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 3280 ft18. Distance to nearest property line: 610 ft 19. Distance to nearest well permitted/completed in the same formation: 369 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.) |
|------------------------|----------------|-------------------------|-------------------------------|--------------------------------------|
| ILES | ILES | 139-98 | 20 | |
| WILLIAMS FORK | WMFK | 139-98 | 10 | |

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 4: LOTS 1, 2, E/2SW/4 SEC 8: S/2NW/4, N/2SW/4 SEC 9: E/2W/2, NW/4NE/4 SEC 16: SW/4NW/4, NW/4SW/4 SEC 17: E/2SE/4

25. Distance to Nearest Mineral Lease Line: 140 ft 26. Total Acres in Lease: 643

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 | 20 | 16 | LINEPIPE | 40 | 5 | 40 | 0 |
| SURF | 12+1/4 | 9+5/8 | 36 | 1,250 | 703 | 1,250 | 0 |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 10,203 | 1,089 | 10,203 | 0 |

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

33. Comments EXISTING LOCATION WILL BE EXPANDED TO DRILL ADDITIONAL WELLS. TOP OF CEMENT FOR PRODUCTION CASING WILL BE 500' ABOVE TOG.

34. Location ID: 311645

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

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.