

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



DE ET OE ES

Document Number:
400021796
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: DeAnne Spector Phone: (720)876-5826 Fax: (720)876-6060
Email: deanne.spector@encana.com

7. Well Name: Federal Gardner Well Number: 20-7 (PN20)

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

9. Proposed Total Measured Depth: 7496

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 20 Twp: 7S Rng: 95W Meridian: 6

Latitude: 39.418670 Longitude: -108.022280

Footage at Surface: 1083 FNL/FSL FSL 2187 FEL/FWL FWL

11. Field Name: Parachute Field Number: 67350

12. Ground Elevation: 5782 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 06/03/2008 PDOP Reading: -1.0 Instrument Operator's Name: Ted Taggart

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 _____
2180 FNL 1980 FEL 2180 FNL 1980 FEL
Sec: 20 Twp: 7S Rng: 95W Sec: 20 Twp: 7S Rng: 95W

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: 2640 ft

18. Distance to nearest property line: 302 ft 19. Distance to nearest well permitted/completed in the same formation: 280 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	139-48		
Williams Fork	WMFK	440-52		

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-R95W Sec: NENE, S2NE, SENW, E2NWNW; Sec 21: S2SW; Sec 28: Lots 3, 4

25. Distance to Nearest Mineral Lease Line: 479 ft 26. Total Acres in Lease: 344

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+0/0	16+0/0	.25 wall	40	5	40	0
SURF	12+1/4	8+5/8	24	800	512	800	0
1ST	7+7/8	4+1/2	11.6	7,496	796	7,496	800

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

33. Comments The subject well falls under the S. Parachute GAP, approved by the BLM on 6/2006. A copy of this GAP has been given to the COGCC for their records.

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: DeAnne Spector

Title: Regulatory Analyst Date: _____ Email: deanne.spector@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.

Attachment Check List

Att Doc Num	Name	Doc Description
400021799	PLAT	Plat PN-20 August 31, 2009.pdf
400021800	CONST. LAYOUT DRAWINGS	Construction August 31 2009.pdf
400021801	TOPO MAP	TOPO Federal (PN20).pdf
400021802	ACCESS ROAD MAP	Road Federal (PN20).pdf
400021803	LOCATION PICTURES	Pictures Federal (PN20).pdf
400021805	DRILLING PLAN	Drill Plan.pdf
400021806	DEVIATED DRILLING PLAN	Federal Gardner 20-7 Rev-A.0 Plan 09.16.09.pdf

Total Attach: 7 Files