

**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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Document Number:  
400021827  
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: GMR Well Number: 8-5D (K8W)  
8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_  
9. Proposed Total Measured Depth: 11234

**WELL LOCATION INFORMATION**

10. QtrQtr: NESW Sec: 8 Twp: 7S Rng: 93W Meridian: 6  
Latitude: 39.458090 Longitude: -107.799913  
Footage at Surface: 1919 FSL 1920 FWL  
11. Field Name: MAMM CREEK Field Number: 52500  
12. Ground Elevation: 7826 13. County: GARFIELD

14. GPS Data:  
Date of Measurement: 09/29/2009 PDOP Reading: 0.0 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  
2290 FNL 640 FWL 2290 FNL 640 FWL  
Sec: 8 Twp: 7S Rng: 93W Sec: 8 Twp: 7S Rng: 93W

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: 3280 ft  
18. Distance to nearest property line: 623 ft 19. Distance to nearest well permitted/completed in the same formation: 551

**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

25. Distance to Nearest Mineral Lease Line: 640 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	24	16	LINEPIPE	40	5	40	0
1ST	12+1/4	9+5/8	36	1,250	703	1,250	0
2ND	8+3/4	4+1/2	11.6	11,234	1,482	11,234	0

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

33. Comments EXISTING PAD WILL BE EXPANDED TO ADD ADDITIONAL WELLS. TOP OF CEMENT 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: \_\_\_\_\_

<b>API NUMBER</b>	Permit Number: _____	Expiration Date: _____
05	<b>CONDITIONS OF APPROVAL, IF ANY:</b>	

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.