

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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## 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:

400021916

Plugging Bond Surety

20020067

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: 8-6A1 (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: 6Latitude: 39.458222 Longitude: -107.799858Footage at Surface: 1967 FSL 1936 FWL11. 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: FNL/FSL FEL/FWL Bottom Hole: FNL/FSL FEL/FWL

1435 FNL 2427 FWL 1435 FNL 2427 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: 639 ft 19. Distance to nearest well permitted/completed in the same formation: 337 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: S/2NW/2, NW/4NE/4 SEC 16: SW/4NW/4, NW/4SW/4 SEC 17: E/2SE/4

25. Distance to Nearest Mineral Lease Line: 144 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	11,234	1,089	11,234	0

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

33. Comments EXISTING PAD THAT 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: \_\_\_\_\_

<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.