

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:

2094003

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: 1001855. Address: 370 17TH ST STE 1700City: DENVER State: CO Zip: 80202-56326. Contact Name: NICK G. CURRAN Phone: (720)876-5288 Fax: (720)876-6288Email: NICK.CURRAN@ENCANA.COM7. Well Name: DEASON Well Number: 2-4-36

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

9. Proposed Total Measured Depth: 8434

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 36 Twp: 2N Rng: 69W Meridian: 6Latitude: 40.100160 Longitude: -105.067390
 Footage at Surface: 984 FNL 1944 FWL
FNL/FSL FEL/FWL
11. Field Name: WATTENBERG Field Number: 9075012. Ground Elevation: 5016 13. County: BOULDER

14. GPS Data:

Date of Measurement: 11/17/2009 PDOP Reading: 1.5 Instrument Operator's Name: CRAIG BURKE15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: 2600 FNL 1320 FWL Bottom Hole: 2600 FNL 1320 FWLSec: 36 Twp: 2N Rng: 69W Sec: 36 Twp: 2N Rng: 69W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 973 ft18. Distance to nearest property line: 544 ft 19. Distance to nearest well permitted/completed in the same formation: 967 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.)
CODELL	CODL	407	160	S2NW&N2SW
J SAND	JSND	232-23	160	S2NW & N2SW
NIOBRARA	NBRR	407	160	S2NW&N2SW

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):
 NW4 SEC. 36 N2NE4 SEC. 35 T2N-R69W (ALL THAT PART OF THE NW/4 LYING N & E OF THE BOULDER AND WHITE ROCK RESERVOIR.

25. Distance to Nearest Mineral Lease Line: 64 ft 26. Total Acres in Lease: 240

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
SURF	12+1/4	8+5/8	24	750	320	750	0
1ST	7+7/8	4+1/2	11.6	8,434	280	8,434	7,354

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

33. Comments NO CONDUCTOR CASING WILL BE USED,

34. Location ID: 336166

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: NICK G. CURRAN

Title: PERMITTING Date: _____ Email: NICK.CURRAN@ENCANA.CO

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 05 013 06597 00	Permit Number: _____ Expiration Date: _____
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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
2094003	APD ORIGINAL	LF@2210569 2094003
2094016	WELL LOCATION PLAT	LF@2210570 2094016
2094017	TOPO MAP	LF@2210571 2094017
2094018	MINERAL LEASE MAP	LF@2210607 2094018
2094019	30 DAY NOTICE LETTER	LF@2210572 2094019
2094020	DEVIATED DRILLING PLAN	LF@2210573 2094020
2094021	PROPOSED SPACING UNIT	LF@2210574 2094021

Total Attach: 7 Files