

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

Refilling
Sidetrack

Document Number:
2095476
Plugging Bond Surety

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)876-5286 Fax: (720)876-6060
Email: DEANNE.SPECTOR@ENCANA.COM

7. Well Name: FEDERAL Well Number: 24-16 (OP24)

8. Unit Name (if appl): ORCHARD Unit Number: 66496x

9. Proposed Total Measured Depth: 9588

WELL LOCATION INFORMATION

10. QtrQtr: SESE Sec: 24 Twp: 8S Rng: 97W Meridian: 6
Latitude: 39.339900 Longitude: -108.165500

Footage at Surface: 474 FNL/FSL FSL 538 FEL/FWL FEL

11. Field Name: GRAND VALLEY Field Number: 31290

12. Ground Elevation: 5549 13. County: MESA

14. GPS Data:

Date of Measurement: 07/08/2005 PDOP Reading: 0.0 Instrument Operator's Name: STACY STEWART

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 660 FSL 660 FEL 660 FEL 660
Bottom Hole: FNL/FSL 660 FSL 660 FEL 660 FEL 660
Sec: 24 Twp: 8S Rng: 97W Sec: 24 Twp: 8S Rng: 97W

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: 1 mi

18. Distance to nearest property line: 474 ft 19. Distance to nearest well permitted/completed in the same formation: 1315 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.)
DAKOTA	DKTA			
ILES	ILES			
MANCOS	MNCAB			
MOWRY	MWRY			
NIOBRARA	NBRR			
WILLIAMS FORK	WMFK			

21. Mineral Ownership: Fee State Federal Indian Lease #: COC58681

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):
T8S R97W SEC 24: SE S2SW, SEC 25: NWNE NENW

25. Distance to Nearest Mineral Lease Line: 660 ft 26. Total Acres in Lease: 320

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
SURF	12+1/4	9+5/8	36	1,850	690	1,850	0
1ST	8+3/4	5+1/2	17	9,588	1,690	9,588	

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

33. Comments _____

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 Date: 2/4/2010 Email: DEANNE.SPECTOR@ENCAN

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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER
05 077 08963 00

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
2095476	APD ORIGINAL	LF@2265737 2095476
400038519	FORM 2 SUBMITTED	400038519.pdf

Total Attach: 2 Files