

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

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:

400049524

Plugging Bond Surety

20020067

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: Nichols Well Number: 31-9H (PL31SE)

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

9. Proposed Total Measured Depth: 12574

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 31 Twp: 9S Rng: 95W Meridian: 6
Latitude: 39.228370 Longitude: -108.028120

Footage at Surface: 1363 FNL/FSL FSL 675 FEL/FWL FEL

11. Field Name: Plateau Field Number: 69300

12. Ground Elevation: 5922 13. County: MESA

14. GPS Data:

Date of Measurement: 05/08/2009 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 1853 FSL 1192 FEL 663 FNL 791 FWL 663
Sec: 31 Twp: 9S Rng: 95W Sec: 31 Twp: 9S 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: 11 mi

18. Distance to nearest property line: 675 ft 19. Distance to nearest well permitted/completed in the same formation: 1340 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.)
Corcoran	CRCN			
Cozzette	COZZ			
Iles	ILES			
Mancos A	MNCSA			
Mancos B	MNC SAB			
Niobrara	NB			
Williams Fork	WMFK			

21. Mineral Ownership: ☒ Fee ☐ State ☐ Federal ☐ Indian Lease #: COC13192

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 Bond ☐ \$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):
9S-95W, Sec 31: SWNW, Lot 1 (Fee Lease) number of acres is for lease only - sp unit is entire section. Federal Isle (in Unit) COC 13192

25. Distance to Nearest Mineral Lease Line: 663 ft 26. Total Acres in Lease: 78

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	20+0/0	.25 wall	40	4	40	0
SURF	17+1/2	13+3/8	68#	1,300	903	1,300	40
2ND	12+1/4	9+5/8	36#	6,200	968	6,200	1,300
3RD	8+3/4	5+1/2	20#	12,574	1,117	12,574	6,200

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

33. Comments Surface is Fee, Mineral is Fee.

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: 3/25/2010 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

05

Permit Number: _____ Expiration Date: _____

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
400049652	PLAT	Plat.pdf
400049653	30 DAY NOTICE LETTER	30 day letter.pdf
400049654	SURFACE AGRMT/SURETY	Nichols SUA.pdf
400049658	DEVIATED DRILLING PLAN	(PL31SE Pad) Nichols 31-9H Plan #3.pdf

Total Attach: 4 Files