

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 TIGHT HOLE  
SINGLE ZONE  MULTIPLE ZONE  COMMINGLE ZONE

Refiling   
Sidetrack

Document Number:

2096821

Plugging Bond Surety

20050043

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: JUDITH A. WALTER Phone: (720)876-3702 Fax: (720)876-4702  
Email: JUDITH.WALTER@ENCANA.COM

7. Well Name: CEDAR BENCH Well Number: 6311

8. Unit Name (if appl): CEDAR BENCH Unit Number: COC48964A

9. Proposed Total Measured Depth: 8247

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 28 Twp: 6S Rng: 100W Meridian: 6  
Latitude: 39.508645 Longitude: -108.560665

Footage at Surface: 1198 FNL/FSL FNL 2085 FEL/FWL FWL

11. Field Name: GASAWAY Field Number: 29560

12. Ground Elevation: 6632 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 01/25/2007 PDOP Reading: 3.5 Instrument Operator's Name: BRIAN BAKERF

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 \_\_\_\_\_  
Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

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: 3457 ft

18. Distance to nearest property line: 300 ft 19. Distance to nearest well permitted/completed in the same formation: 2523 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.)
MANCOS	MNCS			

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#: 20050043

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):  
 T6S, R100W, 6TH PM TRACT 39, COMPRISING A PORTION OF SECTION 17 AND 20; TRACT 45 COMPRISING A PORTION OF SECTION 28.

25. Distance to Nearest Mineral Lease Line: 218 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
SURF	12+1/4	9+5/8	36	1,867	810	1,867	0
1ST	7+7/8	4+1/2	11.6	8,214	815	8,214	7,400

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

33. Comments API #05-045-09140, ENCANA INTENDS TO REMAIN WITHIN THE ORIGINAL AREA OF DISTURBANCE FOR THESE PROCEDURES. CONSULTATION PURSUANT TO RULE 306 HAS TAKEN PLACE.

34. Location ID: 324225

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: JUDITH A. WALTER

Title: REGULATORY Date: 2/26/2010 Email: JUDITH.WALTER@ENCANA.C

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: David S. Neslin Director of COGCC Date: 4/30/2010

<b>API NUMBER</b> 05 045 09140 00	Permit Number: _____	Expiration Date: <u>4/29/2011</u>
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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.

(1) 24-HOUR NOTICE TO MOVE ON LOCATION REQUIRED.E-MAIL Mike.Longworth@state.co.us ALSO E-MAIL Shaun.Kellerby@state.co.us (2) GARFIELD COUNTY RULISON-FIELD NOTICE TO OPERATORS.NOTE:ALL NOTICES SHALL BE GIVEN VIA E-MAIL.SEE ATTACHED NOTICE. (3) RESERVE PIT MUST BE LINED. (4) CEMENT-TOP VERIFICATION BY CBL REQUIRED. (5) OPERATOR MUST ENSURE 110 PERCENT SECONDARY CONTAINMENT FOR ANY VOLUME OF FLUIDS CONTAINED AT WELL-SITE DURING DRILLING AND COMPLETION OPERATIONS.IF FLUIDS ARE CONVEYED VIA PIPELINE, OPERATOR MUST IMPLEMENT BEST-MANAGEMENT-PRACTICES TO CONTAIN ANY UNINTENTIONAL RELEASE OF FLUIDS. (6) THE MOISTURE CONTENT OF ANY DRILL CUTTINGS IN A CUTTINGS PIT, TRENCH, OR PILE SHALL BE AS LOW AS PRACTICABLE TO PREVENT ACCUMULATION OF LIQUIDS GREATER THAN DE-MINIMIS AMOUNTS.AT THE TIME OF CLOSURE, THE DRILL CUTTINGS MUST ALSO MEET THE APPLICABLE STANDARDS OF TABLE 910-1. (7) THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1-MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES.THE DEEPEST WATER WELL WITHIN 1-MILE IS 00 FEET DEEP.

### Attachment Check List

Att Doc Num	Name	Doc Description
2096821	APD ORIGINAL	LF@2434439 2096821
400044939	FORM 2 SUBMITTED	LF@2435402 400044939

Total Attach: 2 Files