

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:
2096824
Plugging Bond Surety
20100017

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 FEDERAL Well Number: 6310

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

9. Proposed Total Measured Depth: 9090

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 1 Twp: 6S Rng: 100W Meridian: 6
Latitude: 39.557783 Longitude: -108.506653

Footage at Surface: 878 FNL/FSL FSL 1562 FEL/FWL FWL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 6320 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 03/01/2010 PDOP Reading: 2.9 Instrument Operator's Name: BRIAN BAKER

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: 2910 ft

18. Distance to nearest property line: 547 ft 19. Distance to nearest well permitted/completed in the same formation: 2131 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 #: 11215

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):
 T6S, R100W, 6TH PM, SEC 1: LOTS 5,6,7,10 TRACT 37, SWSW; SEC 2: SESW

25. Distance to Nearest Mineral Lease Line: 547 ft 26. Total Acres in Lease: 314

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	13+3/4	9+5/8	36	1,555	489	1,555	0
1ST	7+7/8	4+1/2	11.6	9,090	1,645	9,090	3,247

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

33. Comments API #05-045-06837, ENCANA INTENDS TO REMAIN WITHIN THE ORIGINAL AREA OF DISTURBANCE FOR THESE PROCEDURES.

34. Location ID: 323882

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: 5/4/2010

API NUMBER
05 045 06837 00

Permit Number: _____ Expiration Date: 5/3/2011

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: Shaun.Kellerby@state.co.us 2)THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1 MILE IS 000 FEET DEEP. 3)LOCATION IS IN A SENSITIVE AREA BECAUSE OF SHALLOW GROUNDWATER; THEREFORE, EITHER ALL PITS MUST BE LINED OR CLOSED LOOP SYSTEM MUST BE IMPLEMENTED. 4)LOCATION IS IN A SENSITIVE AREA BECAUSE OF PROXIMITY TO SURFACE WATER; THEREFORE, OPERATOR MUST ENSURE 110 PERCENT SECONDARY CONTAINMENT FOR ANY VOLUME OF FLUIDS CONTAINED AT WELL SITE DURING COMPLETION/RECOMPLETION OPERATIONS. 5) OPERATOR MUST IMPLEMENT BEST MANAGEMENT PRACTICES TO CONTAIN ANY UNINTENTIONAL RELEASE OF FLUIDS. 6)FLOWBACK FROM FRACING PROCEDURES NEEDS TO BE DIRECTED TO TANKS ONLY.

Attachment Check List

Att Doc Num	Name	Doc Description
2096824	APD ORIGINAL	LF@2434441 2096824
400044906	FORM 2 SUBMITTED	LF@2452739 400044906

Total Attach: 2 Files