

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:

400077540

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: 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)876-6826
 Email: deanne.spector@encana.com

7. Well Name: Keinath Federal Well Number: 10-10H (C16OU)

8. Unit Name (if appl): Orchard Unit Number: COC66496X

9. Proposed Total Measured Depth: 14750

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 16 Twp: 8S Rng: 96W Meridian: 6
 Latitude: 39.355422 Longitude: -108.114500

Footage at Surface: 548 FNL/FSL FNL 2529 FEL/FWL FWL

11. Field Name: Grand Valley Field Number: 31290

12. Ground Elevation: 5768 13. County: MESA

14. GPS Data:
 Date of Measurement: 07/11/2006 PDOP Reading: 1.8 Instrument Operator's Name: L. Vance

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
 Footage at Top of Prod Zone: FNL/FSL 76 FNL 2211 FEL 2163 FSL 2012 FEL
 Bottom Hole: FNL/FSL 2163 FSL 2012 FEL
 Sec: 16 Twp: 8S Rng: 96W Sec: 10 Twp: 8S Rng: 96W

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: 2450 ft
 18. Distance to nearest property line: 1208 ft 19. Distance to nearest well permitted/completed in the same formation: 606 ft

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.)
Iles	ILES			
Lower Mancos	MNCS			
Mancos A B	MNCAB			
Williams Fork	WMFK			

21. Mineral Ownership: Fee State Federal Indian Lease #: COC58674

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, R96W: Sec 9: NE, S2NW, S2; Sec. 10: W2NW, SW, W2SE; Sec. 14: SWNW, NWSW, SENW; Sec 15: SENW, NESE, W2E2, W2; Sec. 16: All.

25. Distance to Nearest Mineral Lease Line: 2012 ft 26. Total Acres in Lease: 2200

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	5	40	0
SURF	14+3/4	10+3/4	40.5	1,400	665	1,400	0
1ST	9+7/8	7+5/8	29.7	7,800	1,081	7,800	0
2ND	6+1/2	5+0/0	23.2	14,750	460	14,750	0

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

33. Comments Intermediate cement to 200>MSVD, Production TOC 500' inside intermediate casing. The C16OU is located in the Orchard GAP.

34. Location ID: 334416

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: 7/19/2010 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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05

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
400077540	FORM 2 SUBMITTED	400077540.pdf
400077609	PLAT	Plat.pdf
400077611	LOCATION DRAWING	400 ft rad.pdf
400077613	CONST. LAYOUT DRAWINGS	Construction Layout.pdf
400077614	ACCESS ROAD MAP	Access Topo.pdf
400077617	OTHER	Pipeline.pdf
400077618	MULTI-WELL PLAN	multi Well Plan.pdf
400077620	DEVIATED DRILLING PLAN	Directional.pdf
400077621	LOCATION PICTURES	Photos.pdf
400077622	SURFACE AGRMT/SURETY	SUA.pdf
400077623	30 DAY NOTICE LETTER	30 day ltr.pdf
400078049	TOPO MAP	TOPOs.pdf

Total Attach: 12 Files