

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:

400078300

Plugging Bond Surety

20100017

3. Name of Operator: ENCANA OIL & GAS (USA) INC 4. COGCC Operator Number: 1001855. Address: 370 17TH ST STE 1700City: DENVER State: CO Zip: 80202-56326. Contact Name: Julia Carter Phone: (720)876.5240 Fax: (720)876.6240Email: Julia.Carter@encana.com7. Well Name: N. Parachute Well Number: EF01D-32 G29595

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

9. Proposed Total Measured Depth: 12534

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 29 Twp: 5S Rng: 95W Meridian: 6Latitude: 39.585867 Longitude: -108.073625Footage at Surface: 2258 FNL/FSL FNL 1404 FEL/FWL FEL11. Field Name: Grand Valley Field Number: 3129012. Ground Elevation: 6097 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 02/13/2008 PDOP Reading: 5.2 Instrument Operator's Name: Robert Kay15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 1016 FNL 670 FEL/FWL 1016 FNL 670 FELSec: 32 Twp: 5S Rng: 95W Sec: 32 Twp: 5S Rng: 95W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 8543 ft18. Distance to nearest property line: 8448 ft 19. Distance to nearest well permitted/completed in the same formation: 393 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.)
Williams Fork	WMFK	510-49		

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#: _____

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):
Please see attached maps

25. Distance to Nearest Mineral Lease Line: 5172 ft 26. Total Acres in Lease: 25889

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: Recycle & Bury

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	20	16	Line Pipe	90	6	90	0
SURF	12+1/4	9+5/8	36#	1,700	571	1,700	0
1ST	8+3/4	4+1/2	11.6#	12,534	885	12,534	

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

33. Comments The distance in #17 is calculated from the nearest above ground utility. Please note the production casing will be both 8-3/4" and 7-7/8" with cement top 200' above WMFK.

34. Location ID: 335573

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: Julia M. Carter

Title: Regulatory Analyst Date: _____ Email: Julia.Carter@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	Permit Number: _____	Expiration Date: _____
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
400082915	PLAT	EF01D-32 G29 595.Plat.pdf
400082917	DEVIATED DRILLING PLAN	EF01D-32 G29 595.Directiona Plan.COGCC.pdf
400082918	TOPO MAP	EF G29 595.Topos.pdf
400082919	LEASE MAP	N. Parachute.Lease Maps.pdf
400082920	OTHER	EF G29 595.BHL Lat.Long.pdf

Total Attach: 5 Files