

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:  
400140539  
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: Heather Mitchell Phone: (720)876-3070 Fax: (720)876-4070  
Email: heather.mitchell@encana.com

7. Well Name: N. Parchute EMF Well Number: 01B-20 F17 595

8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 12630

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 17 Twp: 5S Rng: 95W Meridian: 6  
Latitude: 39.615131 Longitude: -108.078967

Footage at Surface: \_\_\_\_\_ feet FNL/FSL \_\_\_\_\_ feet FEL/FWL \_\_\_\_\_ feet  
FNL \_\_\_\_\_ FEL \_\_\_\_\_

11. Field Name: Grand Valley Field Number: 31290

12. Ground Elevation: 6319 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 09/21/2010 PDOP Reading: 3.6 Instrument Operator's Name: Robert Kay

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 \_\_\_\_\_  
421 FNL 209 FEL 421 FNL 209 FEL  
Sec: 20 Twp: 5S Rng: 95W Sec: 20 Twp: 5S 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: 265 ft

18. Distance to nearest property line: 1643 ft 19. Distance to nearest well permitted/completed in the same formation: 214 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.)
D Sand	DSND	N/A	40	SESE

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 Lease Maps

25. Distance to Nearest Mineral Lease Line: 2605 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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)?  Yes  No

31. Mud disposal:  Offsite  Onsite **If 28, 29, or 30 are "Yes" a pit permit may be required.**

Method:  Land Farming  Land Spreading  Disposal Facility Other: Recycle and 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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	11	8+5/8	24	0	450	195	450	0
1ST	7+7/8	5+1/2	15.5	0	5,300	210	5,300	4,200

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

33. Comments Exxon owns surface and Encana owns the minerals. # 17 is calculated from the nearest public road. Conductor and surface casing will be run to surface. The size of the production hole is both 8-3/4" and 7-7/8". Production casing is set 200' above the WMFK.

34. Location ID: 421011

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: Heather Mitchell

Title: Regulatory Analyst Date: \_\_\_\_\_ Email: heather.mitchell@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: \_\_\_\_\_

<b>API NUMBER</b>	Permit Number: _____	Expiration Date: _____
05	<b>CONDITIONS OF APPROVAL, IF ANY:</b>	

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.

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**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400141293	30 Day notice letter	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	APD Orig & 1 Copy	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Deviated Drilling Plan	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Exception Loc Request	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Exception Loc Waivers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Federal Drilling Permit	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	H2S Contingency Plan	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400141290	Mineral lease map	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400141292	Surface agrmt/Surety	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400141287	Topo map	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Well Location Plat	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
400141284	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

**BMP**

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)