

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:
400141055
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)876-407
Email: heather.mitchell@encana.com

7. Well Name: N. Parachute EMF Well Number: 15A-17 F17 595

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

9. Proposed Total Measured Depth: 11175

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 17 Twp: 5S Rng: 95W Meridian: 6
Latitude: 39.615083 Longitude: -108.079050

Footage at Surface: 2187 feet ^{FNL/FSL} FNL 2357 feet ^{FEL/FWL} FWL

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} 1178 ^{FSL} FSL ^{FEL/FWL} 2588 ^{FEL} FEL ^{FNL/FSL} 1178 ^{FSL} FSL ^{FEL/FWL} 2588 ^{FEL} FEL
Sec: 17 Twp: 5S Rng: 95W Sec: 17 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: 1644 ft 19. Distance to nearest well permitted/completed in the same formation: 242 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	510-49,13		

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: 210 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
CONDUCTOR	26	16	Line pipe	0	120	117	120	0
SURF	12+1/4	9+5/8	36#	0	1,700	370	1,700	0
2ND	7+7/8	4+1/2	11.6#	0	11,175	592	11,175	

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: _____

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.

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Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	30 Day notice letter	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	APD Orig & 1 Copy	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400141087	Deviated Drilling Plan	Yes <input checked="" type="checkbox"/>	No <input 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"/>
	Mineral lease map	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400141084	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400141086	Surface agrmt/Surety	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400141056	Topo map	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Well Location Plat	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400141085	LEASE MAP	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400141088	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)