

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



DE ET OE ES

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

Refilling
Sidetrack

Document Number:
400162302
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: JENNIFER LIND Phone: (720)876-5890 Fax: (720)876-6890
Email: JENNIFER.LIND@ENCANA.COM

7. Well Name: SULLIVAN Well Number: 4-4-26

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

9. Proposed Total Measured Depth: 8203

WELL LOCATION INFORMATION

10. QtrQtr: NWSE Sec: 26 Twp: 2N Rng: 68W Meridian: 6
Latitude: 40.107690 Longitude: -104.968920

Footage at Surface: 1970 feet ^{FNL/FSL} FSL 2237 feet ^{FEL/FWL} FEL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4938 13. County: WELD

14. GPS Data:

Date of Measurement: 03/30/2011 PDOP Reading: 1.2 Instrument Operator's Name: MCGEHEE

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: ^{FNL/FSL} 2590 FNL ^{FEL/FWL} 2590 FWL Bottom Hole: ^{FNL/FSL} 2590 FNL ^{FEL/FWL} 2590 FWL
Sec: 26 Twp: 2N Rng: 68W Sec: 26 Twp: 2N Rng: 68W

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: 885 ft

18. Distance to nearest property line: 339 ft 19. Distance to nearest well permitted/completed in the same formation: 825 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.)
CODELL	CODL	407	160	GWA
J SAND	JSND	232	160	GWA
NIOBRARA	NBRR	407	160	GWA

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):
T2N-R68W-SEC.26: SWNW, E2NW, W2NE, E2E2NE, E2NESE, W2NWSE, SESE; SEC.27: S2SENE

25. Distance to Nearest Mineral Lease Line: 53 ft 26. Total Acres in Lease: 340

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: _____

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	12+1/4	8+5/8	24	0	850	370	850	0
1ST	7+7/8	4+1/2	11.6	0	8,203	280	8,203	7,140

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

33. Comments NO CONDUCTOR CASING WILL BE UTILIZED. ENCANA REQUESTS APPROVAL OF RULE 318A.a EXCEPTION LOCATION. WELLHEAD TO BE LOCATED OUTSIDE OF GWA DRILLING WINDOW. WAIVERS ATTACHED.

34. Location ID: 332899

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: JENNIFER LIND

Title: REGULATORY ANALYST Date: _____ Email: JENNIFER.LIND@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: _____ 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
400163060	WELL LOCATION PLAT
400163062	DEVIATED DRILLING PLAN
400163067	30 DAY NOTICE LETTER
400163076	PROPOSED SPACING UNIT
400163078	EXCEPTION LOC WAIVERS
400163080	EXCEPTION LOC REQUEST
400163098	SURFACE AGRMT/SURETY
400163256	MINERAL LEASE MAP
400163269	TOPO MAP

Total Attach: 9 Files

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)