

FORM  
2A

Rev  
04/01

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:  
400221309

Oil and Gas Location Assessment

New Location  Amend Existing Location Location#: 331527

Submit original plus one copy. This form is to be submitted to the COGCC prior to any ground disturbance activity associated with oil and gas development operations. This Assessment may be approved as a standalone application or submitted as an informational report accompanying an Application for Permit-To-Drill, Form 2. Approval of this Assessment will allow for the construction of the below specified location; however, it does not supersede any land use rules applied by the local land use authority. This form may serve as notice to land owners and other interested parties, please see the COGCC web site at <http://colorado.gov/cogcc/> for all accompanying information pertinent to this Oil and Gas Location Assessment.

Location ID:  
**331527**  
Expiration Date:  
**11/29/2014**

This location assessment is included as part of a permit application.

1. CONSULTATION

- This location is included in a Comprehensive Drilling Plan. CDP # \_\_\_\_\_
- This location is in a sensitive wildlife habitat area.
- This location is in a wildlife restricted surface occupancy area.
- This location includes a Rule 306.d.(1)A.ii. variance request.

2. Operator

Operator Number: 100185  
Name: ENCANA OIL & GAS (USA) INC  
Address: 370 17TH ST STE 1700  
City: DENVER State: CO Zip: 80202-5632

3. Contact Information

Name: NICK CURRAN  
Phone: (720) 876-5288  
Fax: (720) 876-6288  
email: NICK.CURRAN@ENCANA.COM

4. Location Identification:

Name: STELLING 61N65W 4SESW Number: MULTI WELL PAD  
County: WELD  
Quarter: SESW Section: 4 Township: 1N Range: 65W Meridian: 6 Ground Elevation: 4916

Define a single point as a location reference for the facility location. This point should be used as the point of measurement in the drawings to be submitted with this application. When the location is to be used as a well site then the point shall be a well location.

Footage at surface: 652 feet FSL, from North or South section line, and 1981 feet FWL, from East or West section line.  
Latitude: 40.075110 Longitude: -104.671330 PDOP Reading: 2.3 Date of Measurement: 10/17/2011  
Instrument Operator's Name: TOM WINANS

5. Facilities (Indicate the number of each type of oil and gas facility planned on location):

Special Purpose Pits: <input type="checkbox"/>	Drilling Pits: <input type="checkbox"/>	Wells: <input type="text" value="2"/>	Production Pits: <input type="checkbox"/>	Dehydrator Units: <input type="checkbox"/>
Condensate Tanks: <input type="checkbox"/>	Water Tanks: <input type="checkbox"/>	Separators: <input type="checkbox"/>	Electric Motors: <input type="checkbox"/>	Multi-Well Pits: <input type="checkbox"/>
Gas or Diesel Motors: <input type="checkbox"/>	Cavity Pumps: <input type="checkbox"/>	LACT Unit: <input type="checkbox"/>	Pump Jacks: <input type="checkbox"/>	Pigging Station: <input type="checkbox"/>
Electric Generators: <input type="checkbox"/>	Gas Pipeline: <input type="checkbox"/>	Oil Pipeline: <input type="checkbox"/>	Water Pipeline: <input type="checkbox"/>	Flare: <input type="checkbox"/>
Gas Compressors: <input type="checkbox"/>	VOC Combustor: <input type="checkbox"/>	Oil Tanks: <input type="checkbox"/>	Fuel Tanks: <input type="checkbox"/>	

Other: \_\_\_\_\_

6. Construction:

Date planned to commence construction: 01/01/2012 Size of disturbed area during construction in acres: 3.67  
Estimated date that interim reclamation will begin: 04/01/2012 Size of location after interim reclamation in acres: 0.50  
Estimated post-construction ground elevation: 4917 Will a closed loop system be used for drilling fluids: Yes   
Will salt sections be encountered during drilling: Yes  No  Is H2S anticipated? Yes  No   
Will salt (>15,000 ppm TDS Cl) or oil based muds be used: Yes  No   
Mud disposal: Offsite  Onsite  Method: Land Farming  Land Spreading  Disposal Facility   
Other: \_\_\_\_\_

### 7. Surface Owner:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Rule 306 surface owner consultation: 10/24/2011  
Surface Owner:  Fee  State  Federal  Indian  
Mineral Owner:  Fee  State  Federal  Indian  
The surface owner is:  the mineral owner  committed to an oil and gas lease  
 is the executer of the oil and gas lease  the applicant  
The right to construct the location is granted by:  oil and gas lease  Surface Use Agreement  Right of Way  
 applicant is owner  
Surface damage assurance if no agreement is in place:  \$2000  \$5000  Blanket Surety ID \_\_\_\_\_

### 8. Reclamation Financial Assurance:

Well Surety ID: 20100017  Gas Facility Surety ID: \_\_\_\_\_  Waste Mgnt. Surety ID: \_\_\_\_\_

### 9. Cultural:

Is the location in a high density area (Rule 603.b.): Yes  No   
Distance, in feet, to nearest building: 1168, public road: 1264, above ground utilit: 1163  
, railroad: 6800, property line: 625

### 10. Current Land Use (Check all that apply):

Crop Land:  Irrigated  Dry land  Improved Pasture  Hay Meadow  CRP  
Non-Crop Land:  Rangeland  Timber  Recreational  Other (describe): \_\_\_\_\_  
Subdivided:  Industrial  Commercial  Residential

### 11. Future Land Use (Check all that apply):

Crop Land:  Irrigated  Dry land  Improved Pasture  Hay Meadow  CRP  
Non-Crop Land:  Rangeland  Timber  Recreational  Other (describe): \_\_\_\_\_  
Subdivided:  Industrial  Commercial  Residential

### 12. Soils:

List all soil map units that occur within the proposed location. Attach the National Resource Conservation Service (NRCS) report showing the "Map Unit Description" report listing the soil typical vertical profile. This data is to be used when segregating topsoil.

The required information can be obtained from the NRCS web site at <http://soildatamart.nrcs.usda.gov/> or from the COGCC web site GIS Online map page found at <http://colorado.gov/cogcc>. Instructions are provided within the COGCC web site help section.

NRCS Map Unit Name: 82 WILEY COLBY COMPLEX, 1 TO 3 PERCENT SLOPES

NRCS Map Unit Name: \_\_\_\_\_  
NRCS Map Unit Name: \_\_\_\_\_

**13. Plant Community:**

Complete this section only if any portion of the disturbed area of the location's current land use is on non-crop land.

Are noxious weeds present: Yes  No   
Plant species from:  NRCS or,  field observation Date of observation: \_\_\_\_\_  
List individual species: \_\_\_\_\_

Check all plant communities that exist in the disturbed area.

- Disturbed Grassland (Cactus, Yucca, Cheatgrass, Rye)
- Native Grassland (Bluestem, Grama, Wheatgrass, Buffalograss, Fescue, Oatgrass, Brome)
- Shrub Land (Mahogany, Oak, Sage, Serviceberry, Chokecherry)
- Plains Riparian (Cottonwood, Willow, Aspen, Maple, Poplar, Russian Olive, Tamarisk)
- Mountain Riparian (Cottonwood, Willow, Blue Spruce)
- Forest Land (Spruce, Fir, Ponderosa Pine, Lodgepole Pine, Juniper, Pinyon, Aspen)
- Wetlands Aquatic (Bullrush, Sedge, Cattail, Arrowhead)
- Alpine (above timberline)
- Other (describe): \_\_\_\_\_

**14. Water Resources:**

Rule 901.e. may require a sensitive area determination be performed. If this determination is performed the data is to be submitted with the Form 2A.

Is this a sensitive area:  No  Yes Was a Rule 901.e. Sensitive Areas Determination performed:  No  Yes  
Distance (in feet) to nearest surface water: 1100, water well: 1490, depth to ground water: 150  
Is the location in a riparian area:  No  Yes Was an Army Corps of Engineers Section 404 permit filed  No  Yes  
Is the location within a Rule 317B Surface Water Suppl Area buffer zone:  
 No  0-300 ft. zone  301-500 ft. zone  501-2640 ft. zone  
If the location is within a Rule 317B Surface Water Supply Area buffer have all public water supply systems within 15 miles been notified:  No  Yes

**15. Comments:**

NO OPEN HOLE LOGS WILL BE RAN. EXISTING LOGS WITH ADJACENT STELLING 24-4.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.  
Signed: \_\_\_\_\_ Date: 11/07/2011 Email: NICK.CURRAN@ENCANA.COM  
Print Name: NICK CURRAN Title: PERMITTING AGENT

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: David S. Nashin Director of COGCC Date: 11/30/2011

**CONDITIONS OF APPROVAL, IF ANY:**  
\_\_\_\_\_

All representations, stipulations and conditions of approval stated in this Form 2A for this location shall constitute representations, stipulations and conditions of approval for any and all subsequent operations on the location unless this Form 2A is modified by Sundry Notice, Form 4 or an Amended Form 2A.

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**Attachment Check List**

Att Doc Num	Name
400221309	FORM 2A SUBMITTED
400221314	SURFACE AGRMT/SURETY
400221315	LOCATION PICTURES
400221316	LOCATION DRAWING
400221328	HYDROLOGY MAP
400221329	NRCS MAP UNIT DESC
400221331	WASTE MANAGEMENT PLAN
400221526	ACCESS ROAD MAP
400221527	MULTI-WELL PLAN

Total Attach: 9 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	No LGD or public comment received; final review completed.	11/29/2011 3:54:56 PM
OGLA	OK to pass.	11/9/2011 4:24:18 PM

Total: 2 comment(s)

**BMP**

<u>Type</u>	<u>Comment</u>
Drilling/Completion Operations	<p>Best Management Practice for a Horizontal Wellbore Fracturing Stimulation</p> <ol style="list-style-type: none"> <li>1. At least seven (7) days prior to fracture stimulation, the operator is to notify all operators of non-operated wells within 300 feet of the wellbore to be fracture stimulated of the anticipated date stimulation date and the recommended best management practice to shut-in all wells within 300' of the stimulated wellbore completed in the same formation.</li> <li>2. The operator will monitor the bradenhead pressure of all wells within 300 feet of the well to be fracture stimulated.</li> <li>3. Bradenhead pressure gauges are to be installed 24 hours prior to stimulation. The gauges are to read at least once during every 24-hour period until 24-hours after stimulation is completed (post flowback). The gauges are to be of the type able to read current pressure and record the maximum encountered pressure in a 24-hour period. The gauge is to be reset between each 24-hour period. The pressures are to be recorded and saved.</li> <li>4. If at any time during stimulation or the 24-hour post-stimulation period, the bradenhead annulus pressure of the treatment well or offset wells increases more than 200 psig, as per Rule 341, the operator of the well being stimulated shall verbally notify the Director as soon as practicable, but no later than twenty-four (24) hours following the incident. Within fifteen (15) days after the occurrence, the operator shall submit a Sundry Notice, Form 4, giving all details, including corrective actions taken.</li> </ol>

Total: 1 comment(s)