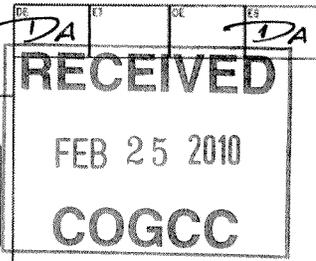




Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number: 100185	4. Contact Name: RUTHANN MORSS	Complete the Attachment Checklist OP OGCC
2. Name of Operator: ENCANA OIL & GAS (USA) INC	Phone: 720-876-5060	
3. Address: 370 17TH STREET, SUITE 1700 City: DENVER State: CO Zip: 80202	Fax: 720-876-6060	
5. API Number: 05-045-07733-0000	OGCC Facility ID Number:	Survey Plat
6. Well/Facility Name: SAVAGE	7. Well/Facility Number: 2-24 (RE1)	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SWNW Sec 1-T7S-R94W 6th PM		Surface Eqpmt Diagram
9. County: GARFIELD	10. Field Name: RULISON	Technical Info Page
11. Federal, Indian or State Lease Number:		Other

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer _____
 Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____
 Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No
 Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

GPS DATA:
 Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

CHANGE SPACING UNIT

Formation	Formation Code	Spacing order number	Unit Acreage	Unit configuration

Remove from surface bond
Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):
 Effective Date: _____
 Plugging Bond: Blanket Individual

CHANGE WELL NAME NUMBER
 From: _____
 To: _____
 Effective Date: _____

ABANDONED LOCATION:
 Was location ever built? Yes No
 Is site ready for inspection? Yes No
 Date Ready for Inspection: _____

NOTICE OF CONTINUED SHUT IN STATUS
 Date well shut in or temporarily abandoned: _____
 Has Production Equipment been removed from site? Yes No
 MIT required if shut in longer than two years Date of last MIT _____

SPUD DATE: _____ REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries

Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.
 Final reclamation will commence on approximately _____ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

Notice of Intent Approximate Start Date: UPON APPROVAL Report of Work Done Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input checked="" type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Additional vent period _____	for Spills and Releases

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Ruthann Morss Date: 2-25-10 Email: RUTHANN.MORSS@ENCANA.COM
 Print Name: RUTHANN MORSS Title: REGULATORY ANALYST

COGCC Approved: David And Title: PE II Date: 3/2/2010

CONDITIONS OF APPROVAL, IF ANY:

FORM
4
Rev 12/05

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED
FEB 25 2010
COGCC

1. OGCC Operator Number: 100185 API Number: 05-045-07733-0000
 2. Name of Operator: EnCana Oil & Gas (USA) Inc. OGCC Facility ID # _____
 3. Well/Facility Name: SAVAGE Well/Facility Number: 2-24 (RE1)
 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNW Sec 1-T7S-R94W 6th PM

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. Well Information:

Well:	Savage 2-24 (RE1)	Surface csg:	1547'
TD:	8047'	TOC:	1386'
Prod csg:	8002'		

04/09/2009: 168 psi. Blows down to a 5 psi vapor in 2 hrs. Builds back to 168 psi in 4 days. No fluid.

We would like to put this well on a 90-day venting period.

8/17/2009: Was on previous 90 day vent, built back to 155 psi in 1 day, blew down in 24 min through 1/2" valve. No fluid. We are requesting an additional 90 day vent period.

2-25-10: Built to 155 psi in 1 day of the 7 day build up, blew down in 40 minutes through 1/2" valve. No fluid. Request additional 180 day vent period.