

State of Colorado
Oil and Gas Conservation Commission
SUNDRY NOTICE

11201 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



02053955

RECEIVED

MAR 23 2010

COGCC/Rifle Office

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	
2. Name of Operator:	ENCANA OIL & GAS (USA) INC	MIRACLE PFISTER	
3. Address:	370 17TH ST, STE 1700	Phone:	720-876-3761
City:	DENVER	State:	CO
Zip:	80202	Fax:	720-876-6060
5. API Number	05-045-1827-00	OGCC Facility ID Number	
6. Well/Facility Name:	GMU	Well/Facility Number	26-4B2 (H27NW)
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	SENE SEC 27 T6S-R93W 6TH PM	Surface Egmt Diagram	
9. County:	GARFIELD	10. Field Name:	MAMM CREEK
11. Federal, Indian or State Lease Number:	COC56608A	Technical Info Page	
		Other	

Complete the Attachment
Checklist

OP OGCC

Survey Plat	
Directional Survey	
Surface Egmt Diagram	
Technical Info Page	
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

Change of **Surface** Footage to Exterior Section Lines

Change of **Bottomhole** Footage from Exterior Section Lines

Change of **Bottomhole** Footage to Exterior Section Lines

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: _____

attach directional survey

GPS DATA:

Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

☐ **CHANGE SPACING UNIT**

Formation	Formation Code	Spacing order number	Unit Acreage	Unit configuration
<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached				

☐ **CHANGE OF OPERATOR (prior to drilling):**

Effective Date: _____ ☐ **CHANGE WELL NAME** From: _____ To: _____

Plugging Bond: ☐ Blanket ☐ Individual Effective Date: _____

NUMBER

☐ **ABANDONED LOCATION:**

Was location ever built? ☐ Yes ☐ No

Is site ready for inspection? ☐ Yes ☐ No

Date Ready for Inspection: _____

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**

Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date
*submit cbl and cement job summaries					

☐ **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 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: REQUEST TO COMPLETE	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: _____

Date: 3/22/2010

Email: miracle.pfister@encana.com

Print Name: Miracle Pfister

Title: Regulatory Analyst

COGCC Approved: _____

Title: EIT/II

Date: 3/24/10

CONDITIONS OF APPROVAL IF ANY: _____

TECHNICAL INFORMATION PAGE

DOC 2053955

FOR OGCC USE ONLY

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1. Operator Number:	100185	API Number:	05-045-18727-00
2. Name of Operator:	ENCANA OIL & GAS (USA) INC.		
3. Well Name:	GMU	Well Number:	26-4B2 (H27NNW)
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	SENE SEC 27 T6S-R93W 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.

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DESCRIBE PROPOSED OR COMPLETED OPERATIONS

THE REFERENCED WELL HAS BEEN SUCCESSFULLY CEMENTED ACCORDING TO THE APPROVED PLAN AND SUMMARY OF THE BRADENHEAD MONITORING COMPLETED.

ENCANA OIL & GAS (USA) INC. REQUESTS APPROVAL TO COMMENCE COMPLETIONS OPERATIONS.

ATTACHMENTS:

- CBL
- AS-BUILT WELLBORE SCHEMATIC
- TEMPERATURE SURVEY
- BRADENHEAD PRESSURE SUMMARY

all bradenheads = 0.

wellbore Schematic ->

Swat = ~ 1320

TOC ~ 35 ✓
3855

TOG 6705