

State of Colorado  
Oil and Gas Conservation Commission  
SUNDRY NOTICE

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



02053957

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                                  | 05-045-18728-00             | OGCC Facility ID Number |                |
| 6. Well/Facility Name:                         | GMU                         | Well/Facility Number    | 27-1C2 (H27NW) |
| 8. Location (Qtr/Tr, Sec, Twp, Rng, Meridian): | SENE SEC 27 T6S-R93W 6TH PM | Surface Eqmnt 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 Eqmnt Diagram |  |
| Technical Info Page   |  |
| Other                 |  |

General Notice

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

|  |         |   |
|--|---------|---|
| Change of <b>Surface</b> Footage from Exterior Section Lines:    | FNL/FSL | FEL/H-WL                                |
| Change of <b>Surface</b> Footage to Exterior Section Lines:      |         |   |
| Change of <b>Bottomhole</b> Footage from Exterior Section Lines: |         |   |
| Change of <b>Bottomhole</b> Footage to Exterior Section Lines:   |         |   |
| Bottomhole location Qtr/Tr, Sec, Twp, Rng, Mer                   |         |   |
| Latitude   |         | Distance to nearest property line       |
| Longitude  |         | Distance to nearest lease line          |
| Ground Elevation   |         | Distance to nearest well same formation |
|  |         | Surface owner consultation date:        |

Distance to nearest bldg, public rd, utility or RR \_\_\_\_\_  
Is location in a High Density Area (rule 603b)? Yes/No ☐

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 |
|-----------|----------------|----------------------|--------------|--------------------|

☐ **Remove from surface bond**  
Signed surface use agreement attached

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

Effective Date: \_\_\_\_\_

Plugging Bond: ☐ Blanket ☐ Individual

☐ **CHANGE WELL NAME**

From: \_\_\_\_\_ To: \_\_\_\_\_

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**

\*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 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: Miracle Pfister Date: 3/22/2010 Email: miracle.pfister@encana.com

Print Name: Miracle Pfister Title: Regulatory Analyst

COGCC Approved: [Signature] Title: ELH Date: 3/20/2010

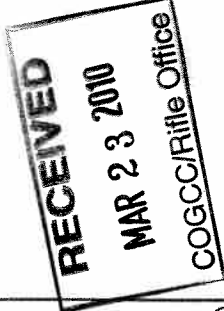
CONDITIONS OF APPROVAL, IF ANY:



FOR OGCC USE ONLY

Doc #

2053957



1. Operator Number: 100185 API Number: 05-045-18728-00  
2. Name of Operator: ENCANA OIL & GAS (USA) INC.  
3. Well Name: GMU Well Number: 27-1C2 (H27NW)  
4. Location (Qtr, 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 → 9 1/2" ∅"

3570 OGCC TOC

1280 surf ±

↑ (OPR 3410)

TOC = 6732'