



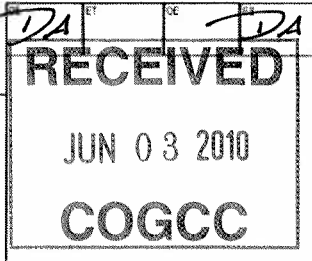
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FORM
4
Rev 12/05

Page 1

State of Colorado
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.)

Complete the Attachment
Checklist

OP OGCC

1. OGCC Operator Number: 100185	4. Contact Name: RUTHANN MORSS	Survey Plat		
2. Name of Operator: ENCANA OIL & GAS (USA) INC	Phone: 720-876-5060			
3. Address: 370 17TH STREET, SUITE 1700	Fax: 720-876-6060	Directional Survey		
City: DENVER State: CO Zip: 80202		Surface Eqpm Diagram		
5. API Number 05-045-09562-0000 OGCC Facility ID Number		Technical Info Page	X	
6. Well/Facility Name: S PARACHUTE TBI 7. Well/Facility Number 36-34 (PI36)		Other		
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NESE SEC 36-T7S-R96W 6th PM				
9. County: GARFIELD 10. Field Name: PARACHUTE				
11. Federal, Indian or State Lease Number: CA COC66845				

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:		FNL/FSL		FEL/FWL	
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: _____

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: _____ NUMBER _____

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: ADDL 180 DAY VENT	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: 6-1-10 Email: RUTHANN.MORSS@ENCANA.COM

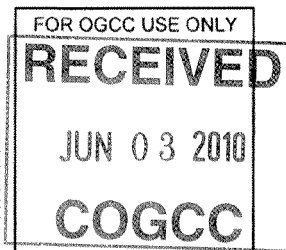
Print Name: RUTHANN MORSS Title: REGULATORY ANALYST

COGCC Approved: Daniel And Title: PE II Date: 6/2/2010

CONDITIONS OF APPROVAL, IF ANY:

FORM
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TECHNICAL INFORMATION PAGE



1. OGCC Operator Number:	100185	API Number:	05-045-09562-0000
2. Name of Operator:	EnCana Oil & Gas (USA) Inc.	OGCC Facility ID #	
3. Well/Facility Name:	S PARACHUTE TBI	Well/Facility Number:	36-34 (PI36)
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NESE SEC 36-T7S-R96W 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:	S Parachute TBI 36-34 (PI36)	Surface csg:	1106'
TD:	5980'	Prod csg:	5944'
PBTD:	5900'	Perfs:	4328' - 5752'

History:

155 psi, blows dead in 24 minutes through a 1/2" ball valve. Builds up every 5-6 days. No fluid.

1/13/2009: requested approval to vent this well or 90 days.

4/28/2009: 7 day build up was 96 psi - will remove well from vent list.

06/15/2009: 150 psi, blew dead in 16 minutes through 1/2" valve. No fluid. We'd like to request a 90-day vent.

10-14-09: Builds to 165 psi in 7 days. Blows dead in 6 minutes. No water. We are requesting an additional vent period.

06/01/10: Completed 180 day vent, built back to 155 psi in 2.5 weeks. Blew down in 19 minutes through 1/2" valve. No fluid. Verbal approval was received from David Andrews to vent for an additional 180 days.