

State of Colorado
Oil and Gas Conservation Commission

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



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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.)

RECEIVED

OCT 13 2010

COGCC

1. OGCC Operator Number : 100185
2. Name Of Operator : EnCana Oil & Gas (USA) Inc.
3. Address : 370 17th Street, Suite 1700
City : Denver State : CO Zip : 80202
4. Contact Name : RUTHANN MORSS
Phone : 720-876-5060
Fax : 720-876-6060
5. API Number : 05045095480000 OGCC Facility ID Number 36-33D (PK36)
6. Well/Facility Name : S Parachute TBI 36-33D (PK36) 7. Well/Facility Number : 36-33D (PK36)
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian) : NESW Sec 36 T7S - R96W 6th PM
9. County : GARFIELD 10. Field Name : Parachute
11. Federal, Indian or State Lease Number :

Complete the Attachment
Checklist

	OP	OGCC
Survey Plat	<input type="checkbox"/>	<input type="checkbox"/>
Directional Survey	<input type="checkbox"/>	<input type="checkbox"/>
Surface Eqpm Diagram	<input type="checkbox"/>	<input type="checkbox"/>
Technical Info Page	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit) FNL/FSL FEL/FWL		
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: Bottom hole 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		
<input type="checkbox"/> 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
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date : Plugging Bond : <input type="checkbox"/> Blanket <input type="checkbox"/> Individual		<input type="checkbox"/> CHANGE WELL NAME From : To : Effective Date : NUMBER
<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection:		<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of Last MIT
<input type="checkbox"/> SPUD DATE :		<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS: (6 mos from date casing set)
<input type="checkbox"/> 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		
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. Final reclamation will commence on approximately <input type="checkbox"/> Final reclamation is completed and site is ready for inspection.		

Technical Engineering/Environmental Notice

<input checked="" type="checkbox"/> Notice of Intent Approximate Start Date : 10-13-10		<input type="checkbox"/> Report of Work Done Date Work Completed :												
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)														
<table border="0"><tr><td><input type="checkbox"/> Intent To Recomplete (submit form 2)</td><td><input checked="" type="checkbox"/> Request to Vent or Flare</td><td><input type="checkbox"/> E&P Waste Disposal</td></tr><tr><td><input type="checkbox"/> Change Drilling Plans</td><td><input type="checkbox"/> Repair Well</td><td><input type="checkbox"/> Beneficial Reuse of E&P Waste</td></tr><tr><td><input type="checkbox"/> Gross Interval Changed?</td><td><input type="checkbox"/> Rule 502 variance requested</td><td><input type="checkbox"/> Status Update/Change of Remediation Plans for spills and Releases</td></tr><tr><td><input type="checkbox"/> Casing/Cementing Program Change</td><td><input checked="" type="checkbox"/> Other : continuous vent</td><td></td></tr></table>			<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 for spills and Releases	<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other : continuous vent	
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<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other : continuous vent													

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: 10/13/2010

Email: ruthann.morss@encana.com

Print Name : RUTHANN MORSS

Title : REGULATORY ANALYST

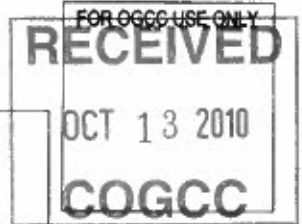
COGCC Approved: David Anderson

Title: PE II

Date: 10/13/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number: 100185 API Number: 05045095480000
2. Name of Operator: EnCana Oil & Gas (USA) Inc. OGCC Facility ID #: 36-33D (PK36)
3. Well/Facility Name: S Parachute TBI 36-33D (PK36) Well/Facility Number: 36-33D (PK36)
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW 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. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

SURF: 8 5/8", 32# J-55 @ 1495'
PROD: 5 1/2", 17# N-80 LTC @ 6012'
TD: 6025'
PBSD: 5902'

10-11-10: Builds to 170 psi, blows down completely within minutes. No fluid. We request approval to vent continuously.