

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.)

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 : HEATHER MITCHELL
Phone : 720-876-3070
Fax : 720-876-4070
5. API Number: 05045116490000
6. Well/Facility Name: N Parachute EF05B L29 59S
7. Well/Facility Number : 05B L29 59S
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSW Sec 29 T5S - R95W 6th PM
9. County : GARFIELD
10. Field Name : Grand Valley
11. Federal, Indian or State Lease Number :

Complete the Attachment Checklist

Survey Plat	<input type="checkbox"/>	OP	OGCC
Directional Survey	<input type="checkbox"/>		
Surface Eqpm't Diagram	<input type="checkbox"/>		
Technical Info Page	<input checked="" type="checkbox"/>		
Other	<input type="checkbox"/>		

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit) 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
Longitude Distance to nearest lease line
Ground Elevation Distance to nearest well same formation

attach directional survey

Distance to nearest bldg, public rd, utility or RR
Is location in a High Density Area (Rule 603b)? Yes/No
Surface owner consultation date:

GPS DATA:

Date of Measurement PDOP Reading

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
From :
To :
Effective Date :

CHANGE WELL NAME

NUMBER

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

☒ Report of Work Done

Approximate Start Date :

Date Work Completed : 8/20/2010

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

☐ Intent To Recomplete (submit form 2)
☐ Change Drilling Plans
☐ Gross Interval Changed?
☐ Casing/Cementing Program Change

☐ Request to Vent or Flare
☐ Repair Well

☐ Rule 502 variance requested

☒ Other Gas lift installed

☐ E&P Waste Disposal
☐ Beneficial Reuse of E&P Waste
☐ Status Update/Change of Remediation Plans 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.

Signature: Heather Mitchell

Date : 10/18/2010

Email: Heather.Mitchell@encana.com

Print Name : HEATHER MITCHELL

Title : REGULATORY ANALYST

OGCC Approved: [Signature]
CONDITIONS OF APPROVAL IF ANY:

Title: E.T.-3 Date: 10/27/2010

RECEIVED

OCT 18 2010

COGCC/Rifle Office