



DE ET OE ES  
**RECEIVED**  
 SEP 15 2010  
**COGCC**

**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 : 05103099710000  
 6. Well/Facility Name : Hells Hole 9120 (#1-13-2-104)  
 7. Well/Facility Number : 9120 (#1-13-2-104)  
 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian) : NWNW Sec 13 T2S - R104W 6th PM  
 9. County : RIO BLANCO  
 10. Field Name : Hells Hole  
 11. Federal, Indian or State Lease Number : COC62567

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**

(a change of surface qtr/qtr is substantive and requires a new permit)  
 FNL/FSL FEL/FWL

CHANGE OF LOCATION: Attach New Survey Plat

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

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

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 :

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 :

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 :  
 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 for spills and Releases
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other :	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: *Heather Mitchell* Date : 09/13/2010 Email: Heather.Mitchell@encana.com  
 Print Name : HEATHER MITCHELL Title : REGULATORY ANALYST

COGCC Approved: *David S. Neslin* Title: \_\_\_\_\_ Date: *10-21-10*  
 CONDITIONS OF APPROVAL, IF ANY:

**DATABASE** ✓  
**SCANNED** ✓  
 11.7.10 BK