



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 OGCC Facility ID Number : 9120 (#1-13-2-104)  
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 :

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

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:

Date : 09/13/2010

Email: Heather.Mitchell@encana.com

Print Name : HEATHER MITCHELL

Title : REGULATORY ANALYST

COGCC Approved:

CONDITIONS OF APPROVAL, IF ANY:

