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State of Colorado  
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 18 2010  
COGCC

1. OGCC Operator Number : 100185	4. Contact Name : RUTHANN MORSS	Complete the Attachment Checklist OP OGCC
2. Name Of Operator : EnCana Oil & Gas (USA) Inc.	Phone : 720-876-5060	
3. Address : 370 17th Street, Suite 1700	Fax : 720-876-6060	
City : Denver State : CO Zip : 80202		
5. API Number : 05045133350000	OGCC Facility ID Number 29-5 (C29NE)	Survey Plat <input type="checkbox"/>
6. Well/Facility Name : Brynildson 29-5 (C29NE)	7. Well/Facility Number : 29-5 (C29NE)	Directional Survey <input type="checkbox"/>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian) : NENW Sec 29 T6S - R92W 6th PM		Surface Eqpm Diagram <input type="checkbox"/>
9. County : GARFIELD	10. Field Name : Mamm Creek	Technical Info Page <input type="checkbox"/>
11. Federal, Indian or State Lease Number : NA		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)  
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 **attach directional survey**

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** **NUMBER**

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 :**

☐ **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 : on approval 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 for spills and Releases
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other : INDEFINITE VENT (BRADENHEAD)	

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: 10/13/2010Email: ruthann.morss@encana.com

Print Name : RUTHANN MORSS

Title : REGULATORY ANALYST

COGCC Approved: David Anderson Title: PE II Date: 3/16/2011

CONDITIONS OF APPROVAL, IF ANY: