



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	4. Contact Name : RUTHANN MORSS
2. Name Of Operator : EnCana Oil & Gas (USA) Inc.	Phone : 720-876-5060
3. Address : 370 17th Street, Suite 1700 City : Denver State : CO Zip : 80202	Fax : 720-876-6060
5. API Number : 05045158130000	OGCC Facility ID Number : 19-16 (PI19)
6. Well/Facility Name : Federal	7. Well/Facility Number : 19-16 (PI19)
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian) : NESE Sec 19 T7S - R95W 6th PM	10. Field Name : Parachute
9. County : GARFIELD	
11. Federal, Indian or State Lease Number : C 01523	

Complete the Attachment Checklist

	OP	OGCC
Survey Plat	<input type="checkbox"/>	<input type="checkbox"/>
Directional Survey	<input type="checkbox"/>	<input type="checkbox"/>
Surface Eqpmt 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

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines: FNL/FSL FEL/FWL

Change of Surface Footage to Exterior Section Lines:

Change of Bottomhole Footage from Exterior Section Lines:

Change of Bottomhole Footage to Exterior Section Lines: attach directional survey

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:

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 : UPON 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 : continuous 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: 11/08/2010 Email: ruthann.morss@encana.com

Print Name : RUTHANN MORSS Title : REGULATORY ANALYST

COGCC Approved: David [Signature] Title: PE II Date: 3/17/2011

CONDITIONS OF APPROVAL, IF ANY: