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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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OE  
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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

NOV 19 2010

COGCC

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 : RUTHANN MORSS  
Phone : 720-876-5060 Fax : 720-876-6060  
5. API Number : 05045119490000 OGCC Facility ID Number : 21-3 (PD21)  
6. Well/Facility Name : EnCana 7. Well/Facility Number : 21-3 (PD21)  
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian) : NWNW Sec 21 T7S - R95W 6th PM  
9. County : GARFIELD 10. Field Name : Parachute  
11. Federal, Indian or State Lease Number :

Complete the Attachment  
Checklist

OP OGCC

Survey Plat	<input type="checkbox"/>	<input type="checkbox"/>
Directional Survey	<input type="checkbox"/>	<input type="checkbox"/>
Surface Eqmpt 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

<input type="checkbox"/> 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
<input type="checkbox"/> CHANGE SPACING UNIT		<input type="checkbox"/> Remove from surface bond
Formation	Formation Code	Signed surface use agreement attached
Spacing order number	Unit Acreage	
Unit configuration		
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):		<input type="checkbox"/> CHANGE WELL NAME
Effective Date :		NUMBER
Plugging Bond : <input type="checkbox"/> Blanket <input type="checkbox"/> Individual		From :
		To :
		Effective Date :
<input type="checkbox"/> ABANDONED LOCATION:		<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date well shut in or temporarily abandoned:
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Ready for Inspection:		MIT required if shut in longer than two years. Date of Last MIT
<input type="checkbox"/> SPUD DATE :		<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS: (6 mos from date casing set)
<input type="checkbox"/> 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
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.		
Final reclamation will commence on approximately <input type="checkbox"/> Final reclamation is completed and site is ready for inspection.		

## Technical Engineering/Environmental Notice

<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> 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 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:

Date: 11/08/2010

Email: ruthann.morss@encana.com

Print Name : RUTHANN MORSS

Title : REGULATORY ANALYST

COGCC Approved:

Title: PE II

Date: 3/21/2011

CONDITIONS OF APPROVAL, IF ANY: