



02055067

FORM
4
Rev 12/05

Page 1

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

DA ET OE TE DA
RECEIVED

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.)

DEC 02 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 : 05045070550000	OGCC Facility ID Number : 32-14	Survey Plat <input type="checkbox"/>
6. Well/Facility Name : Couey	7. Well/Facility Number : 32-14	Directional Survey <input type="checkbox"/>
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian) : SESW Sec 32 T6S - R92W 6th PM		Surface Eqmpt 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 :		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)
FNU/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: 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
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 ☐ 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 bradenhead vent	

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: 12/02/2010

Email: ruthann.morss@encana.com

Print Name : RUTHANN MORSS

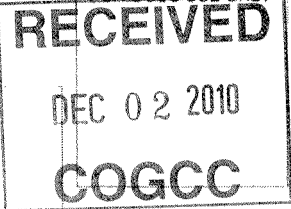
Title : REGULATORY ANALYST

COGCC Approved: David And Title: PE II Date: 3/22/2011
CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY



1. OGCC Operator Number: 100185 API Number: 05045070550000
2. Name of Operator: EnCana Oil & Gas (USA) Inc. OGCC Facility ID #: 32-14
3. Well/Facility Name: Couey 32-14 Well/Facility Number: 32-14
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW Sec 32 T6S - R92W 6th PM

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

MD: 5790'
PBSD: 5652'
SURF CSG: 504'
PROD CSG: 5771'
PERFS: 4410' - 5790'

12-2-10: Encana requests approval to open and vent the bradenhead on this well indefinitely. A 7-day pressure build-up will be obtained and, if that pressure builds to 150 psi or greater during that time, it will be reported on a Form 17. All 7-day build-up pressure data will be reported in our annual report.