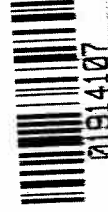


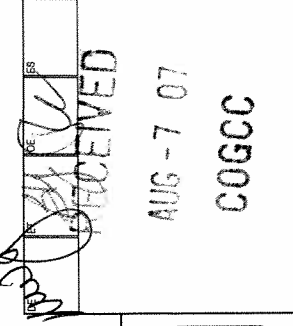
State of Color
Oil and Gas Conservatio

1120 Lincoln Street, Suite 801, Denver, Colorado 802



01914107

SUNDRY NOTICE



4

Rev 12/05

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	
2. Name of Operator:	ENCANA OIL & GAS (USA) INC	DeAnne Spector	
3. Address:	370 17TH ST, STE 1700	Phone:	720-876-5826
City:	DENVER	State:	CO
		Zip:	80202
		Fax:	720-876-6060
5. API Number	05-077-09308	OGCC Facility ID Number	
6. Well/Facility Name:	Orchard Unit	7. Well/Facility Number	18-16 (M17OU)
8. Location (QtrQtr, Sec, Twp, Rng, Meridian):	SWSW Sec. 17-T8S-R66W 6th PM	Surface Exgmt Diagram	
9. County:	Mesa	10. Field Name:	Wildcat
11. Federal, Indian or State Lease Number:	COC-58675	Technical Info Page	X
		Other	

Complete the Attachment Checklist

OP OGCC

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:		FNU/FSL
Change of Surface Footage to Exterior Section Lines:		
Change of Bottomhole Footage from Exterior Section Lines:		
Change of Bottomhole Footage to Exterior Section Lines:		
Bottomhole 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
		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:		From:	CHANGE WELL NAME	NUMBER
Plugging Bond:	<input type="checkbox"/> Blanket <input type="checkbox"/> Individual	To:		
		Effective Date:		

☐ ABANDONED LOCATION:

Was location ever built?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS
Is site ready for inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date well shut in or temporarily abandoned:
Date Ready for inspection:		Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> 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

Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date

*submit cbl and cement job summaries

☐ 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

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done
Approximate Start Date:	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
<input checked="" type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other:	for Spills and Releases

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: DeAnne Spector Date: 8/6/2007 Email: deanne.spector@encana.com

Print Name: DeAnne Spector Title: Regulatory Analyst

COGCC Approved: [Signature] Title: EIT-3 Date: 4/5/11

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED
AUG - 7 07
COGCC

1. Operator Number:	100185	API Number:	05-077-09308
2. Name of Operator:	ENCANA OIL & GAS (USA) INC.		
3. Well Name:	Orchard Unit	Well Number:	18-16 (M170U)
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	SWSW SEC 17-T8S-R96W		

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.

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DESCRIBE PROPOSED OR COMPLETED OPERATIONS

ENCANA OIL & GAS (USA) INC. WOULD LIKE TO SET THE SURFACE CASING DEEPER THAN ORIGINALLY PERMITTED. THIS SETTING DEPTH WILL CHANGE FROM 900' TO 1150'.