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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.)

1. OGCC Operator Number : 100185	4. Contact Name : MARINA AYALA
2. Name Of Operator : EnCana Oil & Gas (USA) Inc.	Phone : 720-876-5905
3. Address : 370 17th Street, Suite 1700	Fax : 720-876-4905
City : Denver	State : CO
Zip : 80202	
5. API Number : 05045198250000	OGCC Facility ID Number 8502C-36 B36 496
6. Well/Facility Name : SGU 8502C-36 B36 496	7. Well/Facility Number : 8502C-36 B36 496
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian) : Lot2 Sec 36 T4S - R96W 6th PM	
9. County : GARFIELD	10. Field Name : Wildcat
11. Federal, Indian or State Lease Number :	

Complete the Attachment Checklist

	OP	OGCC
Survey Plat	<input type="checkbox"/>	
Directional Survey	<input type="checkbox"/>	
Surface Eqpmnt Diagram	<input type="checkbox"/>	
Technical Info Page	<input type="checkbox"/>	
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/FSLFEL/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

LatitudeDistance to nearest property lineDistance to nearest bldg, public rd, utility or RR

LongitudeDistance to nearest lease lineIs location in a High Density Area (Rule 603b)? Yes/No

Ground ElevationDistance to nearest well same formationSurface owner consultation date:

GPS DATA:

Date of Measurement	PDOP Reading	Instrument Operator's Name
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☐ 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

Approximate Start Date :

☐ Report of Work Done

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 for spills and Releases |
| <input type="checkbox"/> Casing/Cementing Program Change | <input type="checkbox"/> Other : | |

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

Signed:	Date : 10/27/2011	Email: marina.ayala@encana.com
Print Name : MARINA AYALA	Title : PERMITTING TECHNICIAN	

COGCC Approved: _____	Title: _____	Date: _____
CONDITIONS OF APPROVAL, IF ANY:		