



|             |    |    |    |
|-------------|----|----|----|
| DC          | ET | DE | ES |
| Received    |    |    |    |
| 11/14/2011  |    |    |    |
| Rifle COGCC |    |    |    |

**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.)

Complete the Attachment Checklist

OP OGCC

|   |  |  |
|---|--|--|
| 1. OGCC Operator Number: <u>100185</u>  | 4. Contact Name<br><u>Kathy Friesen</u>                  | Complete the Attachment Checklist<br>OP OGCC |
| 2. Name of Operator: <u>ENCANA OIL &amp; GAS (USA) INC</u>                                  | Phone: <u>970-285-2665</u>                               |  |
| 3. Address: <u>2717 CR 215</u><br>City: <u>Parachute</u> State: <u>CO</u> Zip: <u>81635</u> | Fax: _____   |  |
| 5. API Number <u>05- 045-20389</u>  | OGCC Facility ID Number <u>421390</u>                    | Survey Plat                                  |
| 6. Well/Facility Name: <u>Encana Fee</u>  | 7. Well/Facility Number <u>Twin Creek /12-6C1 (F12E)</u> | Directional Survey                           |
| 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>SENW SEC: 12 TWP: 7 S RGE: 92 W</u>      |  | Surface Eqpmt Diagram                        |
| 9. County: <u>Garfield</u>  | 10. Field Name: <u>Mamm Creek</u>                        | Technical Info Page                          |
| 11. Federal, Indian or State Lease Number: <u>N/A</u>                                       |  | Other  |

**General Notice**

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

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Change of <b>Surface</b> Footage from Exterior Section Lines:    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of <b>Surface</b> Footage to Exterior Section Lines:      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of <b>Bottomhole</b> Footage from Exterior Section Lines: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of <b>Bottomhole</b> Footage to Exterior Section Lines:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bottomhole 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 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 |
| <input type="checkbox"/> Casing/Cementing Program Change      | <input checked="" type="checkbox"/> Other: <u>Visual Observation Work Plan</u> | 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: [Signature] Date: 11/03/11 Email: kathy.friesen@encana.com  
 Print Name: Kathy Friesen Title: Environmental Lead

COGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 1/4/2012

CONDITIONS OF APPROVAL, IF ANY: See Attached Conditions of Approval

**TECHNICAL INFORMATION PAGE**



FOR OGCC USE ONLY

|  |                             |
|--|-----------------------------|
| 1. OGCC Operator Number: _____                       | API Number: _____           |
| 2. Name of Operator: _____                           | OGCC Facility ID # _____    |
| 3. Well/Facility Name: _____                         | Well/Facility Number: _____ |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____ |                             |

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**