

FORM
4
Rev 12/05

State of Colorado

Oil and Gas Conservation Commission

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



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.)

DE	ET	OE	ES
Received			
11/14/2011			
Rifle COGCC			

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

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:	<table border="1"><tr><td></td><td>FNL/FSL</td><td></td><td>FEL/FWL</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>		FNL/FSL		FEL/FWL																
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Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer																					
Latitude	Distance to nearest property line																				
Longitude	Distance to nearest bldg, public rd, utility or RR																				
Ground Elevation	Distance to nearest lease line																				
	Is location in a High Density Area (rule 603b)? Yes/No																				
	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																					
Formation	Formation Code																				
Spacing order number	Unit Acreage																				
	Unit configuration																				
<input type="checkbox"/> Remove from surface bond																					
Signed surface use agreement attached																					
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):																					
Effective Date:																					
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual																					
<input type="checkbox"/> CHANGE WELL NAME																					
From:	NUMBER																				
To:																					
Effective Date:																					
<input type="checkbox"/> ABANDONED LOCATION:																					
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
Date Ready for Inspection:																					
<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS																					
Date well shut in or temporarily abandoned:																					
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																					
<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 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 type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Visual Observation Work Plan	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: Kathy Friesen 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