



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.)

Received
5/11/2012
Rifle COGCC

1. OGCC Operator Number: 100185	4. Contact Name Dan Prokop	Complete the Attachment Checklist OP OGCC
2. Name of Operator: Encana Oil & Gas (USA) Inc.	Phone: 970-285-2707	
3. Address: 2717 CR 215 Suite 100 City: Parachute State: CO Zip: 81635	Fax: 970-285-2705	
5. API Number 05- 045-20389	OGCC Facility ID Number 421390	Survey Plat
6. Well/Facility Name:	7. Well/Facility Number 12-6C1 (F12E)	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SENW Section 12 Twp. 7 S Range 92 W		Surface Eqmpt Diagram
9. County: Garfield	10. Field Name: Mamm Creek	Technical Info Page X
11. Federal, Indian or State Lease Number: NA		Other X

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:	<input type="checkbox"/> FNLFSL <input type="checkbox"/> FEL/FWL
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/> attach directional survey
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 <input type="checkbox"/>
Ground Elevation _____	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 Approximate Start Date: _____	<input type="checkbox"/> 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: Visual Observation summary 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: Dan Prokop Date: 05/11/12 Email: daniel.prokop@encana.com
Print Name: Dan Prokop Title: Environmental Field Coordinator

COGCC Approved: _____ Title: _____ Date: 5/14/2012
CONDITIONS OF APPROVAL, IF ANY: _____

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

- | | | | |
|--|-------------------------------------|-----------------------|---------------------------|
| 1. OGCC Operator Number: | 100185 | API Number: | 05-045-20389 |
| 2. Name of Operator: | Encana Oil & Gas (USA) Inc. | | OGCC Facility ID # 421390 |
| 3. Well/Facility Name: | Encana Fee | Well/Facility Number: | 12-6C1 (F12E) |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): | SENW Section 12 Twp. 7 S Range 92 W | | |

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

Included is a summary table for the visual monitoring of surface water for drilling activities to date that addresses COA #22 and applies to API#s 05-045-20389, 05-045-20387, 05-045-20390, 05-045-20385 and 05-045-20388. Also included are analytical results for a bio film that was observed during the visual monitoring, results came back as below detection levels for BTEX.

Attachments: F12E Summary, ESC analytical results.