

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.)

1. OGCC Operator Number: 100185	4. Contact Name Ruthann Morss	Complete the Attachment Checklist  OP OGCC
2. Name of Operator: Encana Oil & Gas (USA) Inc.	Phone: (720) 876-5060	
3. Address: 370 17th Street, Suite 1700 City: Denver State: CO Zip: 80202	Fax: (720) 876-6060	
5. API Number 05- 045089340000	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: KRK	7. Well/Facility Number 7-5D (K7)	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NESW, 7, 7S, 92W, 6 PM		Surface Eqpmt Diagram
9. County: GARFIELD	10. Field Name: Mamm Creek	Technical Info Page
11. Federal, Indian or State Lease Number: COC55279X		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><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>Change of Surface Footage to Exterior Section Lines:</td><td></td><td></td><td></td></tr><tr><td>Change of Bottomhole Footage from Exterior Section Lines:</td><td></td><td></td><td></td></tr><tr><td>Change of Bottomhole Footage to Exterior Section Lines:</td><td></td><td></td><td></td></tr></table> attach directional survey		FNL/FSL		FEL/FWL					Change of Surface Footage to Exterior Section Lines:				Change of Bottomhole Footage from Exterior Section Lines:				Change of Bottomhole Footage to Exterior Section Lines:			
	FNL/FSL		FEL/FWL																		
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 _____ 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 checked="" type="checkbox"/> CHANGE SPACING UNIT Formation Formation Code Spacing order number Unit Acreage Unit configuration WILLIAMS FORK WMFK _____																					
<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: _____ 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 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 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: Ruthann Morss Date: 03/07/2013 Email: ruthann.morss@encana.com  
Print Name: Ruthann Morss Title: Regulatory Analyst

COGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number:	100185	API Number:	05045089340000
2. Name of Operator:	Encana Oil & Gas (USA) Inc.	OGCC Facility ID #	
3. Well/Facility Name:	KRK	Well/Facility Number:	7-5D (K7)
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NESW, 7, 7S, 92W, 6 PM		

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

ENCANA REQUESTS THE ADDITION OF A FORMATION THAT IS PRODUCING BUT NOT ORIGINALLY PERMITTED. THIS WELL WAS PERMITTED AS A ROLLINS WELL BUT THE WELL WAS ALSO COMPLETED IN THE WILLIAMS FORK FORMATION. A REVISED FORM 5A SHOWING PRODUCTION FOR BOTH THE WILLIAMS FORK AND ROLLINS IS BEING SUBMITTED.