

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400423809

SUNDRY NOTICE

Submit a signed original. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full in Comments or provide as an attachment. Identify Well by API Number; identify Oil and Gas Location by Location ID Number; identify other Facility by Facility ID Number.

OGCC Operator Number:	100185	Contact Name	RUTHANN MORSS
Name of Operator:	ENCANA OIL & GAS (USA) INC	Phone:	(720) 876-5060
Address:	370 17TH ST STE 1700	Fax:	(720) 876-6060
City:	DENVER	State:	CO
Zip:	80202-5632	Email:	RUTHANN.MORSS@ENCANA.CO M

Complete the Attachment
Checklist

OP OGCC

API Number :	05-	045	21834	00	OGCC Facility ID Number:	431045			
Well/Facility Name:	Shideler			Well/Facility Number:	30-2C (O19EB)				
Location QtrQtr:	SWSE	Section:	19	Township:	7S	Range:	92W	Meridian:	6
County:	GARFIELD	Field Name:	MAMM CREEK						
Federal, Indian or State Lease Number:									

Survey Plat		
Directional Survey		
Srvc Eqpmt Diagram		
Technical Info Page		
Other		

CHANGE OF LOCATION OR AS BUILT GPS REPORT

☐ Change of Location * ☐ As-Built GPS Location Report ☐ As-Built GPS Location Report with Survey

* Well location change requires new plat. A substantive surface location change may require new Form 2A.

SURFACE LOCATION GPS DATA Data must be provided for Change of Surface Location and As Built Reports.

Latitude _____ PDOP Reading _____ Date of Measurement _____
Longitude _____ GPS Instrument Operator's Name _____

LOCATION CHANGE (all measurements in Feet)

Well will be: _____ (Vertical, Directional, Horizontal)

Change of **Surface** Footage **From** Exterior Section Lines:

Change of **Surface** Footage **To** Exterior Section Lines:

Current **Surface** Location **From** QtrQtr **SWSE** Sec **19**

New **Surface** Location **To** QtrQtr _____ Sec _____

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

Current **Top of Productive Zone** Location **From** Sec **30**

New **Top of Productive Zone** Location **To** Sec _____

Change of **Bottomhole** Footage **From** Exterior Section Lines:

Change of **Bottomhole** Footage **To** Exterior Section Lines:

Current **Bottomhole** Location Sec **30** Twp **7S**

New **Bottomhole** Location Sec _____ Twp _____

Is location in High Density Area? _____

Distance, in feet, to nearest building _____, public road: _____, above ground utility: _____, railroad: _____,

property line: _____, lease line: _____, well in same formation: _____

Ground Elevation _____ feet Surface owner consultation date _____

FNL/FSL		FEL/FWL	
571	FSL	1646	FEL
Twp 7S	Range 92W	Meridian 6	
Twp	Range	Meridian	
1043	FNL	1905	FEL
Twp 7S	Range 92W		
Twp	Range		
1043	FNL	1905	FEL

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** attach deviated drilling plan

CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT				
Objective Formation	Formation Code	Spacing Order Number	Unit Acreage	Unit Configuration

OTHER CHANGES

☐ **REMOVE FROM SURFACE BOND** Signed surface use agreement is a required attachment

☐ **CHANGE OF WELL, FACILITY OR OIL & GAS LOCATION NAME OR NUMBER**

From: Name Shideler Number 30-2C (O19EB) Effective Date: _____

To: Name _____ Number _____

☐ **ABANDON PERMIT: Permit can only be abandoned if the permitted operation has NOT been conducted. Field inspection will be conducted to verify site status.**

☐ WELL: Abandon Application for Permit-to-Drill (Form2) – Well API Number _____ has not been drilled.

☐ PIT: Abandon Earthen Pit Permit (Form 15) – COGCC Pit Facility ID Number _____ has not been constructed (Permitted and constructed pit requires closure per Rule 905)

☐ CENTRALIZED E&P WASTE MANAGEMENT FACILITY: Abandon Centralized E&P Waste Management Facility Permit (Form 28) – Facility ID Number _____ has not been constructed (Constructed facility requires closure per Rule 908)

OIL & GAS LOCATION ID Number: _____

☐ Abandon Oil & Gas Location Assessment (Form 2A) – Location has not been constructed and site will not be used in the future.

☐ Keep Oil & Gas Location Assessment (Form 2A) active until expiration date. This site will be used in the future.

Surface disturbance from Oil and Gas Operations must be reclaimed per Rule 1003 and Rule 1004.

☐ **REQUEST FOR CONFIDENTIAL STATUS**

☐ **DIGITAL WELL LOG UPLOAD**

☐ **DOCUMENTS SUBMITTED** Purpose of Submission: _____

RECLAMATION

INTERIM RECLAMATION

☐ Interim Reclamation will commence approximately _____
Per Rule 1003.e.(3) operator shall submit Sundry Notice reporting interim reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

☐ Interim reclamation complete, site ready for inspection.
Per Rule 1003.e(3) describe interim reclamation procedure in Comments below or provide as an attachment and attach required location photographs.

Field inspection will be conducted to document Rule 1003.e. compliance

FINAL RECLAMATION

☐ Final Reclamation will commence approximately _____
Per Rule 1004.c.(4) operator shall submit Sundry Notice reporting final reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

☐ Final reclamation complete, site ready for inspection. Per Rule 1004.c(4) describe final reclamation procedure in Comments below or provide as an attachment.

Field inspection will be conducted to document Rule 1004.c. compliance

Comments:

ENGINEERING AND ENVIRONMENTAL WORK

☐ NOTICE OF CONTINUED TEMPORARILY ABANDONED STATUS

Indicate why the well is temporarily abandoned and describe future plans for utilization in the COMMENTS box below or provide as an attachment, as required by Rule 319.b.(3).

Date well temporarily abandoned _____ Has Production Equipment been removed from site? _____

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT _____

☐ SPUD DATE: _____

TECHNICAL ENGINEERING AND ENVIRONMENTAL WORK

Details of work must be described in full in the COMMENTS below or provided as an attachment.

☒ NOTICE OF INTENT Approximate Start Date 05/29/2013

☐ REPORT OF WORK DONE Date Work Completed _____

- ☐ Intent to Recomplete (Form 2 also required)☐ Request to Vent or Flare☐ E&P Waste Mangement Plan
- ☐ Change Drilling Plan☐ Repair Well☐ Beneficial Reuse of E&P Waste
- ☐ Gross Interval Change☐ Rule 502 variance requested. Must provide detailed info regarding request.
- ☒ Other CEMENT REMEDIATION☐ Status Update/Change of Remediation Plans for Spills and Releases

COMMENTS:

THE SHIDELER 30-2C (O19EB) DOES NOT MEET THE TOC REQUIREMENT OF 500'>TOG. TOG IS 5325' MD. TOC IS 5450' MD. ENCANA REQUESTS APPROVAL TO REMEDIATE THE TOC USING THE FOLLOWING PROCEDURE:

1. SET CBP @ 4270'. PRESSURE TEST CBP TO 2000 PSI.
2. PERF 4 SQZ HOLES @ 4200'. ESTABLISH INJECTION RATE WITH FRESHWATER.
3. SET CEMENT RETAINER @ 4100'. TIH WITH TBG. ESTABLISH CIRCULATION TO SURFACE.
4. SQUEEZE AT LEAST 50 SX CLASS G CEMENT PLUS ADDITIVES.
5. DRILL OUT CEMENT RETAINER AND CEMENT LEAVING CBP @ 4270'.
6. RU WIRELINE AND RUN CBL FROM 4270' TO SURFACE.
7. PRESSURE TEST SQUEEZE HOLES TO 1500 PSI AND HOLE FOR 15 MINUTES. REPORT NEW TOC AND PRESSURE TEST RESULTS TO COGCC FOR APPROVAL PRIOR TO CONTINUING.
8. ONCE APPROVAL IS GIVEN, DRILL OUT PLUG AT 4270'. SET PACKER AT 4300'. SET WELLHEAD AND FRAC VALVES. PRESSURE TEST TO 4500 PSI.
9. BEGIN FRACTURING OPERATIONS. BASED ON THE CBL, THE HIGHEST PERFORATION WILL BE PLACED NO CLOSER THAN 200' FROM THE TOC.
10. BRADENHEAD AND TUBING-PRODUCTION ANNULUS PRESSURES WILL BE MONITORED THROUGHOUT FRACTURING.
A. IF BRADENHEAD PRESSURE INCREASES MORE THAN 150 PSI OR IF PRESSURE INCREASES MORE THAN 50 PSI IN 10 SECONDS, FRAC OPERATIONS WILL BE SHUT DOWN IMMEDIATELY AND THE COGCC NOTIFIED.
B. IF TUBING-PRODUCTION ANNULUS PRESSURE EXCEEDS 500 PSI, OPERATIONS WILL BE SHUT DOWN IMMEDIATELY AND THE COGCC NOTIFIED.

CASING AND CEMENTING CHANGES

Casing Type	Size	Of	/	Hole	Size	Of	/	Casing	Wt/Ft	Csg/LinTop	Setting Depth	Sacks of Cement	Cement Bottom	Cement Top

H2S REPORTING

Data Fields in this section are intended to document Sample and Location Data associated with the collection of a Gas Sample that is submitted for Laboratory Analysis.

Gas Analysis Report must be attached.

H2S Concentration: _____ in ppm (parts per million)

Date of Measurement or Sample Collection _____

Description of Sample Point:

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Absolute Open Flow Potential _____ in CFPD (cubic feet per day)

Description of Release Potential and Duration (If flow is not open to the atmosphere, identify the duration in which the container or pipeline would likely be opened for servicing operations.):

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Distance to nearest occupied residence, school, church, park, school bus stop, place of business, or other areas where the public could reasonably be expected to frequent: _____

Distance to nearest Federal, State, County, or municipal road or highway owned and principally maintained for public use: _____

COMMENTS:

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BMP

Type

Comment

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Operator Comments:

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

Signed: _____ Print Name: RUTHANN MORSS
Title: REGULATORY ANALYST Email: RUTHANN.MORSS@ENCANA.COM Date: 5/23/2013

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: SHARP, DON Date: 5/28/2013

CONDITIONS OF APPROVAL, IF ANY:

furnish present CBL to COGCC Engineering (D Andrews and J Krabacher) for viewing as soon as convenient.
submit future CBLs after they are run to COGCC Engineering
Operator has already stated that COGCC will be notified if and when bradenhead-pressure issues are noted.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)

Attachment Check List

Att Doc Num	Name
400423809	FORM 4 SUBMITTED

Total Attach: 1 Files