

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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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 JENNIFER LIND
 Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5890
 Address: 370 17TH ST STE 1700 Fax: ()
 City: DENVER State: CO Zip: 80202-5632 Email: JENNIFER.LIND@ENCANA.COM

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 103 11887 00 OGCC Facility ID Number: 425430
 Well/Facility Name: CBU Well/Facility Number: DV01D-11A112100
 Location QtrQtr: NENE Section: 11 Township: 2S Range: 100W Meridian: 6
 County: RIO BLANCO Field Name: WILDCAT
 Federal, Indian or State Lease Number: COC57304

Survey Plat		
Directional Survey		
Srfc 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:

FNL/FSL		FEL/FWL	
1193	FNL	1053	FEL

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

Current **Surface** Location **From** QtrQtr NENE Sec 11 Twp 2S Range 100W Meridian 6
 New **Surface** Location **To** QtrQtr Sec Twp Range Meridian

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

1458	FNL	410	FEL

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

Current **Top of Productive Zone** Location **From** Sec 11 Twp 2S Range 100W
 New **Top of Productive Zone** Location **To** Sec Twp Range

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

1191	FNL	855	FEL

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

Current **Bottomhole** Location Sec 11 Twp 2S Range 100W ** attach deviated drilling plan
 New **Bottomhole** Location Sec Twp Range

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 _____

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 07/17/2013

REPORT OF WORK DONE Date Work Completed _____

<input type="checkbox"/> Intent to Recomplete (Form 2 also required)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Mangement Plan
<input checked="" type="checkbox"/> Change Drilling Plan	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Change	<input type="checkbox"/> Rule 502 variance requested. Must provide detailed info regarding request.	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

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
Conductor casing	30				20				LINE PIPE	0	120	319	120	0
Surface String	12	1		4	9	5		8	39	0	2500	903	2500	0
First String	7	7		8	4	1		2	11.6	0	13000	1389	13000	3314

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:

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.):

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:

BMP

Type

Comment

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)

Operator Comments:

ENCANA WOULD LIKE TO INCREASE THE PERMITTED DEPTH OF THIS WELL FROM 11,130 MD TO 13,000 MD. LOGGING WHILE DRILLING (LWD) OPERATIONS WERE USED IN THE ABSENCE OF GOOD WELL CONTROL IN THE SURROUNDING AREA. STRATIGRAPHIC CORRELATIONS BETWEEN WELLS WITHIN THE UNIT AND LWD DATA IN THE INTERMEDIATE PORTION OF THE BHDU DHN08B-1 A11 WELL SHOW THAT OUR TARGET HORIZON IS DEEPER THAN INITIALLY ANTICIPATED.

UPDATED DRILLING PLAN ATTACHED. PLEASE NOTE THAT WE ARE CURRENTLY FINISHING DRILLING THE SURFACE SECTION OF THIS WELL AND WOULD LIKE TO OBTAIN APPROVAL AS SOON AS POSSIBLE SO WE ARE ABLE TO PROCEED.

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

Signed: _____ Print Name: JENNIFER LIND _____
Title: REGULATORY ANALYST Email: JENNIFER.LIND@ENCANA.COM Date: _____

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

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400448206	DEVIATED DRILLING PLAN

Total Attach: 1 Files