

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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DE	ET	OE	ES
Document Number: 2145079			
Date Received: 05/15/2013			

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 Charlie Jensen
 Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (970) 285-2735
 Address: 370 17TH ST STE 1700 Fax: (970) 285-2705
 City: DENVER State: CO Zip: 80202-5632 Email: charles.jensen@encana.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 08199 00 OGCC Facility ID Number: 264286
 Well/Facility Name: PITMAN Well/Facility Number: 13-4C (E13W)
 Location QtrQtr: SWNW Section: 13 Township: 7S Range: 93W 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 SWNW Sec 13

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 _____

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 _____ Twp _____ Range _____

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 _____

FNL/FSL		FEL/FWL	
<input type="text" value="1527"/>	<input type="text" value="FNL"/>	<input type="text" value="178"/>	<input type="text" value="FWL"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twp <input type="text" value="7S"/>	Range <input type="text" value="93W"/>	Meridian <input type="text" value="6"/>	
Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="**"/>
Twp <input type="text"/>	Range <input type="text"/>		
Twp <input type="text"/>	Range <input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="**"/>

** attach deviated drilling plan

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 _____

REPORT OF WORK DONE Date Work Completed 04/03/2013

<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 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 checked="" type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

Per Remediation #5169, follow-up soil sampling of a historical produced water spill (pre-2005) associated with the E13 well pad. the soil sampling occurred on April 3, 2013. Results indicate that SAR levels in surficial soils continue to decrease.

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:

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:

Best Management Practices

No BMP/COA Type

Description

Operator Comments:

In reference to Remediation #5169 (and previously submitted Form 27), and recent soil analytical data at the surface showing SAR concentrations naturally leaching to allowable concentrations per COGCC Table 910-1, Encana requests the Remediation #5169 be closed out. The overall trend in data illustrates the natural attenuation and leaching is bringing the Area of Concern back to background levels. A site diagram illustrating the soil sample locations, including depths, and the laboratory analytical reports are attached for reference. Also attached for reference are the previous laboratory data showing the background concentrations at the surface. Stressed vegetation was not observed during the soil sampling visit on April 3, 2013.

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

Signed: _____ Print Name: Charlie Jensen
Title: Enviro. Field Coordinator Email: charles.jensen@encana.com Date: 5/15/2013

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

COGCC Approved: ECKMAN, ANNIE Date: 8/4/2014

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	<p>Conditions of Approval: Continue to monitor SAR & pH levels; Table 910-1 standards are still exceeded in multiple samples. REM #5169 will remain unresolved until compliance and vegetation regrowth are achieved. Request an inspection via Form 4 Sundry when these conditions have been met.</p> <p>Ann C. Eckman 5/28/2013</p>
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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	Greg, or whomever, this Form 4 has been reviewed by Annie for Carlos and is approved.	5/29/2013 11:51:59 AM

Total: 1 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2145079	FORM 4 SUBMITTED

Total Attach: 1 Files