



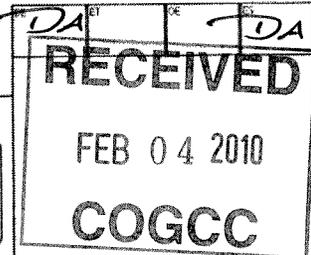
02054231

FORM  
4  
Rev 12/05

Page 1

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<br>OP OGCC |
| 2. Name of Operator: ENCANA OIL & GAS (USA) INC                              | Phone: 720-876-5060                    |  |
| 3. Address: 370 17TH STREET, SUITE 1700                                      | Fax: 720-876-6060                      |  |
| City: DENVER State: CO Zip: 80202  |  |  |
| 5. API Number: 05-045-09068-0000   | OGCC Facility ID Number                | Survey Plat                                  |
| 6. Well/Facility Name: BENZEL  | 7. Well/Facility Number: 26-16A (P26B) | Directional Survey                           |
| 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SESE SEC. 26 T6S-R93W 6TH PM |  | Surface Eqmpt Diagram                        |
| 9. County: GARFIELD  | 10. Field Name: MAMM CREEK             | Technical Info Page X                        |
| 11. Federal, Indian or State Lease Number: COC56608A                         |  | Other  |

## General Notice

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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of Surface Footage to Exterior Section Lines:      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of Bottomhole Footage from Exterior Section Lines: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of Bottomhole Footage to Exterior Section Lines:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Ground Elevation \_\_\_\_\_ Distance to nearest well same formation \_\_\_\_\_ Surface owner consultation date \_\_\_\_\_

GPS DATA:  
Date of Measurement \_\_\_\_\_ PDOP Reading \_\_\_\_\_ Instrument Operator's Name \_\_\_\_\_

CHANGE SPACING UNIT

| Formation | Formation Code | Spacing order number | Unit Acreage | Unit configuration |
|-----------|----------------|----------------------|--------------|--------------------|
|           |                |                      |              |                    |

Remove from surface bond  
Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):  
Effective Date: \_\_\_\_\_  
Plugging Bond:  Blanket  Individual

CHANGE WELL NAME NUMBER  
From: \_\_\_\_\_  
To: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

ABANDONED LOCATION:  
Was location ever built?  Yes  No  
Is site ready for inspection?  Yes  No  
Date Ready for Inspection: \_\_\_\_\_

NOTICE OF CONTINUED SHUT IN STATUS  
Date well shut in or temporarily abandoned: \_\_\_\_\_  
Has Production Equipment been removed from site?  Yes  No  
MIT required if shut in longer than two years. Date of last MIT \_\_\_\_\_

SPUD DATE: \_\_\_\_\_  REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

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 |
|-------------|-----------------------------------|---------------|------------|---------------|------|
|             |                                   |               |            |               |      |

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.  
Final reclamation will commence on approximately \_\_\_\_\_  Final reclamation is completed and site is ready for inspection.

## Technical Engineering/Environmental Notice

Notice of Intent Approximate Start Date: UPON APPROVAL  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 checked="" 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.

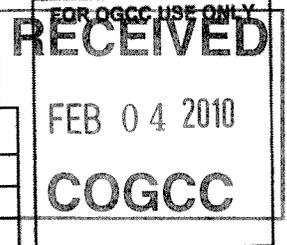
Signed: Ruthann Morss Date: 2-4-10 Email: RUTHANN.MORSS@ENCANA.COM  
Print Name: RUTHANN MORSS Title: REGULATORY ANALYSTCOGCC Approved: David Andrews Title: PE II Date: 2/17/2010

CONDITIONS OF APPROVAL, IF ANY:

During this six-month venting period, collect a production gas sample and a gas sample from the production casing - surface casing annulus. Analyze both gas samples for composition (C1 through C12) and stable isotopes of methane, ethane, and propane (Isotech Laboratories NG-2 analysis or similar). Submit analytical results on a Form 4 (Sundry Notice) to the attention of David Andrews (COGCC Engineering Supervisor).

## TECHNICAL INFORMATION PAGE

FORM  
4  
Rev 12/05



1. OGCC Operator Number: 100185 API Number: 05-045-09068-000  
 2. Name of Operator: EnCana Oil & Gas (USA) Inc. OGCC Facility ID # \_\_\_\_\_  
 3. Well/Facility Name: BENZEL Well/Facility Number: 26-16A (P26B)  
 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESE SEC. 26 T6S-R93W 6TH 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. Well Information:

|       |                      |                |              |
|-------|----------------------|----------------|--------------|
| Well: | BENZEL 26-16A (P26B) | TOC:           | 560'         |
| PBTD: | 8096'                | Surface csg:   | 793'         |
| TD:   | 8153'                | Perf Interval: | 5604' -7682' |

2/4/10: Bradenhead pressure at 183 psi, blows down in 12 minutes through 1/2" valve. No fluid.  
 Requesting 180 day vent period.