

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



02053959

ES

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.)

MAR 23 2010

COGCC/Rifle Office

1. OGCC Operator Number:	100185	4. Contact Name	
2. Name of Operator:	ENCANA OIL & GAS (USA) INC	MIRACLE PFISTER	
3. Address:	370 17TH ST, STE 1700	Phone:	720-876-3761
City:	DENVER	State:	CO
Zip:	80202	Fax:	720-876-6060
5. API Number	05-045-18725-30	OGCC Facility ID Number	
6. Well/Facility Name:	GMU	7. Well/Facility Number	27-8C2 (H27NW)
8. Location (Qtr/Clr, Sec, Twp, Rng, Meridian):	SENE SEC 27 T6S-R93W 6TH PM	Directional Survey	
9. County:	GARFIELD	Surface Eqpmt Diagram	
10. Field Name:	MAMM CREEK	Technical Info Page	
11. Federal, Indian or State Lease Number:	COC56608A	Other	

Complete the Attachment  
Checklist

OP OGCC

## General Notice

<input type="checkbox"/> <b>CHANGE OF LOCATION:</b>	<b>Attach New Survey Plat</b>	(a change of surface qtr/Clr is substantive and requires a new permit)	
Change of <b>Surface</b> Footage from Exterior Section Lines:		FNL/FSL	FEL/FWL
Change of <b>Surface</b> Footage to Exterior Section Lines:			
Change of <b>Bottomhole</b> Footage from Exterior Section Lines:			
Change of <b>Bottomhole</b> Footage to Exterior Section Lines:			
Bottomhole location Qtr/Clr, Sec, Twp, Rng, Mer			attach directional survey
Latitude			
Longitude			
Ground Elevation			
Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____			
Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No _____			
Distance to nearest well same formation _____ Surface owner consultation date: _____			
<b>GPS DATA:</b>			
Date of Measurement	PDOP Reading	Instrument Operator's Name	
<input type="checkbox"/> <b>CHANGE SPACING UNIT</b>	Formation	Spacing order number	Unit Acreage
	Formation Code	Unit configuration	
<input type="checkbox"/> <b>CHANGE OF OPERATOR (prior to drilling):</b>	<input type="checkbox"/> <b>CHANGE WELL NAME</b>		<b>NUMBER</b>
Effective Date:	From:	To:	
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	Effective Date:		
<input type="checkbox"/> <b>ABANDONED LOCATION:</b>	<input type="checkbox"/> <b>NOTICE OF CONTINUED SHUT IN STATUS</b>		
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date well shut in or temporarily abandoned: _____		
Is site ready for Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Ready for Inspection: _____	MIT required if shut in longer than two years. Date of last MIT _____		
<input type="checkbox"/> <b>SPUD DATE:</b> _____	<input type="checkbox"/> <b>REQUEST FOR CONFIDENTIAL STATUS</b> (6 mos from date casing set)		
<input type="checkbox"/> <b>SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK</b>	*submit cbl and cement job summaries		
Method used	Cementing tool setting/perf depth	Cement volume	Cement top
			Cement bottom
			Date
<input type="checkbox"/> <b>RECLAMATION:</b>	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 checked="" type="checkbox"/> <b>Notice of Intent</b>	<input type="checkbox"/> <b>Report of Work Done</b>	
Approximate Start Date: _____	Date Work Completed: _____	
<b>Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)</b>		
<input type="checkbox"/> <b>Intent to Recomplete (submit form 2)</b>	<input type="checkbox"/> <b>Request to Vent or Flare</b>	<input type="checkbox"/> <b>E&amp;P Waste Disposal</b>
<input type="checkbox"/> <b>Change Drilling Plans</b>	<input type="checkbox"/> <b>Repair Well</b>	<input type="checkbox"/> <b>Beneficial Reuse of E&amp;P Waste</b>
<input type="checkbox"/> <b>Gross Interval Changed?</b>	<input type="checkbox"/> <b>Rule 502 variance requested</b>	<input type="checkbox"/> <b>Status Update/Change of Remediation Plans</b>
<input type="checkbox"/> <b>Casing/Cementing Program Change</b>	<input checked="" type="checkbox"/> <b>Other: REQUEST TO COMPLETE</b>	<b>for Spills and Releases</b>

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

Signed: Miracle Pfister Date: 3/22/2010 Email: miracle.pfister@encana.com

Print Name: Miracle Pfister Title: Regulatory Analyst

COGCC Approved: [Signature] Title: Regulatory Analyst Date: 3/24/2010

CONDITIONS OF APPROVAL IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

Doc #

02053959

1. Operator Number: 100185 API Number: 05-045-18725-00  
2. Name of Operator: ENCANA OIL & GAS (USA) INC.  
3. Well Name: GMU Well Number: 27-8C2 (H27NW)  
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE SEC 27 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.

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DESCRIBE PROPOSED OR COMPLETED OPERATIONS

THE REFERENCED WELL HAS BEEN SUCCESSFULLY CEMENTED ACCORDING TO THE APPROVED PLAN AND SUMMARY OF THE BRADENHEAD MONITORING COMPLETED.

ENCANA OIL & GAS (USA) INC. REQUESTS APPROVAL TO COMMENCE COMPLETIONS OPERATIONS.

ATTACHMENTS:

CBL  
AS-BUILT WELLBORE SCHEMATIC  
TEMPERATURE SURVEY  
BRADENHEAD PRESSURE SUMMARY → 911

surf ≈ 1290

TOC 4150 (or  
higher)

TOG = 6710