

State of Colorado
Oil and Gas Conservation Commission
SUNDRY NOTICE

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



RECEIVED
MAR 23 2010
COGCC/Rifle Office

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
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 05-045-18725-00	OGCC Facility ID Number
6. Well/Facility Name: GMU	Well/Facility Number 26-5A2 (H27NW)
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SENE SEC 27 T6S-R93W 6TH PM	Surface Egpm't Diagram
9. County: GARFIELD	10. Field Name: MAMM CREEK
11. Federal, Indian or State Lease Number: COC56608A	Technical Info Page
	Other

Complete the Attachment Checklist

OP OGCC

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:	FNU/SL	FEU/WL
Change of Surface Footage to Exterior Section Lines:		
Change of Bottomhole Footage from Exterior Section Lines:		
Change of Bottomhole Footage to Exterior Section Lines:		
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer		attach directional survey

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
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☐ **Remove from surface bond**
Signed surface use agreement attached

☐ **CHANGE OF OPERATOR (prior to drilling):**

Effective Date: _____ From: _____ To: _____

Plugging Bond: ☐ Blanket ☐ Individual Effective Date: _____

☐ **CHANGE WELL NAME** **NUMBER**

☐ **ABANDONED LOCATION:**

Was location ever built? ☐ Yes ☐ No

Is site ready for inspection? ☐ Yes ☐ No

Date Ready for Inspection: _____ 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 sell)

☐ **SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK**

Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____

*submit cbl and cement job summaries

☐ **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 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 checked="" type="checkbox"/> Other: REQUEST TO COMPLETE	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: Miracle Pfister Date: 3/22/2010 Email: miracle.pfister@encana.com

Print Name: Miracle Pfister Title: Regulatory Analyst

COGCC Approved: [Signature] Title: ET Date: 3/24/10

CONDITIONS OF APPROVAL, IF ANY:

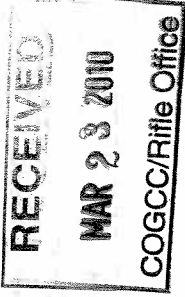
ET

TECHNICAL INFORMATION PAGE

Doc # 2653956



FOR OGCC USE ONLY



1. Operator Number: 100185 API Number: 05-045-18726-00
2. Name of Operator: ENCANA OIL & GAS (USA) INC.
3. Well Name: GMU Well Number: 26-5A2 (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 — all read "Ø"

Toc 3976

Toc 6681'