



02054315

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



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Complete the Attachment Checklist

OP OGCC

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
2. Name of Operator: ENCANA OIL & GAS (USA) INC
3. Address: 370 17TH STREET, SUITE 1700
4. Contact Name: RUTHANN MORSS
5. API Number: 05-045-10406-0000
6. Well/Facility Name: TIPPING
7. Well/Facility Number: 34-5 (OD34)
8. Location: NWNW Sec 34-T7S-R96W 6th PM
9. County: GARFIELD
10. Field Name: GRAND VALLEY
11. Federal, Indian or State Lease Number:

General Notice

CHANGE OF LOCATION: Attach New Survey Plat
CHANGE SPACING UNIT
CHANGE OF OPERATOR (prior to drilling):
CHANGE WELL NAME
ABANDONED LOCATION:
NOTICE OF CONTINUED SHUT IN STATUS
SPUD DATE:
SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK
RECLAMATION:

Technical Engineering/Environmental Notice

X Notice of Intent
Approximate Start Date: 1/28/10 4/8/2010
Request to Vent or Flare
Request to Repair Well
Request to Rule 502 variance requested
Request to add 180 day vent

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: 4/8/2010 Email: RUTHANN.MORSS@ENCANA.COM
Print Name: RUTHANN MORSS Title: REGULATORY ANALYST

COGCC Approved: David Anderson Title: PE II Date: 4/14/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE

FORM
4
Rev 12/05



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COGCC

1. OGCC Operator Number:	100185	API Number:	05-045-10406-0000
2. Name of Operator:	EnCana Oil & Gas (USA) Inc.		OGCC Facility ID #
3. Well/Facility Name:	TIPPING	Well/Facility Number:	34-5 (OD34)
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NWNW Sec 34-T7S-R96W 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:	Tipping 34-5 (OD34)		
PBTD:	6064'	Surface csg:	1533'
TD:	6113'	Perf Interval:	4026' - 6046'

07/13/2009: 180 psi, blew dead in 20 min through 2" ball valve, some fluid present. We are requesting approval to vent this well for 90 days. Verbal approval was given by David Andrews on 07/13/2009. Any fluid will be collected, stored and disposed of as per Colorado 900 Series rules.

01/28/10: completed 180 day vent period. 5 day build up was 30 psi. Removing from venting list.

4-8-10: 190 psi, blows down in 1 minute through 1/2" valve. No fluid. Request 180 day vent period.