



02054370

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



DA FT CR PS DA

## 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.)

RECEIVED

JUN 03 2010

COGCC

Complete the Attachment Checklist

OP OGCC

1. OGCC Operator Number: 100185	4. Contact Name: RUTHANN MORSS	
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 05-045-13334	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: BRYNILDSON	7. Well/Facility Number 29-3 (C29NE)	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NENW SEC. 29 T6S-R92W 6TH P.M.		Surface Eqpm Diagram
9. County: GARFIELD	10. Field Name: MAMM CREEK	Technical Info Page X
11. Federal, Indian or State Lease Number:		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 ☐ NoIs 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.)

☐ Intent to Recomplete (submit form 2)☐ Request to Vent or Flare☐ E&P Waste Disposal☐ Change Drilling Plans☐ Repair Well☐ Beneficial Reuse of E&P Waste☐ Gross Interval Changed?☐ Rule 502 variance requested☐ Status Update/Change of Remediation Plans☐ Casing/Cementing Program Change☒ Other: Cease venting

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: 06-02-10

Email: RUTHANN.MORSS@ENCANA.COM

Print Name: RUTHANN MORSS

Title: REGULATORY ANALYST

COGCC Approved: David And

Title: PE II

Date: 6/2/2010

CONDITIONS OF APPROVAL, IF ANY:

FORM 4 Rev 12/05
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## TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

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JUN 03 2010

COGCC

1. OGCC Operator Number:	100185	API Number:	05-045-13334
2. Name of Operator:	EnCana Oil & Gas (USA) Inc.	OGCC Facility ID #	
3. Well/Facility Name:	BRYNILDSON	Well/Facility Number:	29-3 (C29NE)
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NENW SEC. 29 T6S-R92W 6TH P.M.		

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:	BRYNILDSON 29-3 (C29NE)	Surface csg:	1003'
PBTD:	7243'	Perf Interval:	5783' - 6722'
TD:	7243'		

10-14-09: Builds to 150 psi every 3 weeks. Blows dead in 3 minutes through a 3/4" valve. No water. Request a 6-month vent.

5/25/10: 7 day build up was 20 psi. Removing from vent list.