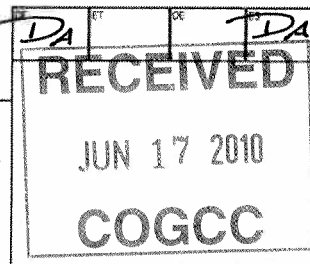


State of Colorado  
Oil and Gas Conservation Commission

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
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	05-045-12515-0000	OGCC Facility ID Number	
6. Well/Facility Name:	JUNIPER	7. Well/Facility Number	1-13A (M1E)
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian):	SWSW Sec 1-T7S-R92W	6th PM	
9. County:	GARFIELD	10. Field Name:	MAMM CREEK
11. Federal, Indian or State Lease Number:	COC055972E		

Complete the Attachment  
Checklist

OP OGCC

Survey Plat	
Directional Survey	
Surface Eqpm Diagram	
Technical Info Page	X
Other	

## General Notice

<input type="checkbox"/> 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"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<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: ADDL 180 DAY VENT

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:

Date: 6-16-10

Email:

RUTHANN.MORSS@ENCANA.COM

Print Name:

RUTHANN MORSS

Title:

REGULATORY ANALYST

COGCC Approved:

Title:

PE II

Date:

6/18/2010

CONDITIONS OF APPROVAL, IF ANY:

FORM 4 Rev 12/05
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## TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY <b>RECEIVED</b> JUN 17 2010 <b>COGCC</b>
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1. OGCC Operator Number:	100185	API Number:	05-045-12515-0000
2. Name of Operator:	EnCana Oil & Gas (USA) Inc. OGCC Facility ID #		
3. Well/Facility Name:	JUNIPER	Well/Facility Number:	1-13A (M1E)
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	SWSW Sec 1-T7S-R92W 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:	Juniper 1-13A (M1E)	Surface csg:	1513'	Perfs:	4322' - 5445'
TD:	6007'	TOC:	3560'		
Prod csg:	6007'	PBTD:	5753'		

2/17/09: Builds to 160 psi, blows dead in 20 seconds through 1" valve, with no fluid.

We would like to request a 90 day vent period.

06/29/2009: 7 day build up was 67 psi. We will remove this well from the venting list.

6-16-10: 151 psi. Builds to 150 psi every 10-20 days. Blew down in 30 seconds through 1" valve. No fluid. Requesting additional 180 day vent period.