

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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OCT 13 2010

COGCC

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
2. Name Of Operator : EnCana Oil & Gas (USA) Inc.
3. Address : 370 17th Street, Suite 1700
City : Denver State : CO Zip : 80202
4. Contact Name : RUTHANN MORSS
Phone : 720-876-5060
Fax : 720-876-6060
5. API Number : 05045071350000
6. Well/Facility Name : Boulton 33-15
7. Well/Facility Number : 33-15
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian) : SWSE Sec 33 T6S - R92W 6th PM
9. County : GARFIELD
10. Field Name : Mamm Creek
11. Federal, Indian or State Lease Number :

Complete the Attachment
Checklist

OP OGCC

Survey Plat	<input type="checkbox"/>	<input type="checkbox"/>
Directional Survey	<input type="checkbox"/>	<input type="checkbox"/>
Surface Eqmnt Diagram	<input type="checkbox"/>	<input type="checkbox"/>
Technical Info Page	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

General Notice

☐ CHANGE OF LOCATION: Attach New Survey Plat(a change of surface qtr/qtr is substantive and requires a new permit)
FNL/FSL FEL/FWL

Change of Surface Footage from Exterior Section Lines:

Change of Surface Footage to Exterior Section Lines:

Change of Bottomhole Footage from Exterior Section Lines:

Change of Bottomhole Footage to Exterior Section Lines:

Bottom hole 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:

attach directional survey

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 : 10/13/2010

☐ 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
for spills and Releases☐ Casing/Cementing Program Change☒ Other: continuous vent

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

Signed:

Date: 10/13/2010

Email: ruthann.morss@encana.com

Print Name: RUTHANN MORSS

Title: REGULATORY ANALYST

COGCC Approved:

Title: PE II

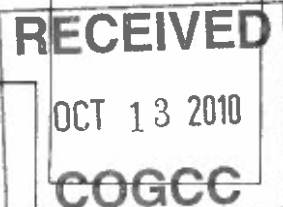
Date: 10/13/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY



1. OGCC Operator Number: 100185 API Number: 05045071350000
2. Name of Operator: EnCana Oil & Gas (USA) Inc. OGCC Facility ID # 33-15
3. Well/Facility Name: Boulton 33-15 Well/Facility Number: 33-15
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSE Sec 33 T6S - 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.

DESCRIBE PROPOSED OR COMPLETED OPERATIONS

SURF: 8 5/8" 24# @ 552'
PROD: 4 1/2" 11.6# @ 5807'
TD: 5807'
PBTD: 5762'
PERFS: 4707-5622

10-11-10: Builds to 200 psi after 30 minutes. Blew down to 30 psi. No fluid. Request continuous vent.