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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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RECEIVED
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	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 City : Denver State : CO Zip : 80202	Fax : 720-876-6060
5. API Number : 05045071350000	OGCC Facility ID Number 33-15
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	10. Field Name : Mamm Creek
9. County : GARFIELD	
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: attach directional survey
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:

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 No
Is 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.)

<input type="checkbox"/> Intent To Recomplete (submit form 2)	<input checked="" 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 for spills and Releases
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> 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: Ruthann Morss Date: 10/13/2010
Print Name: RUTHANN MORSS Title: REGULATORY ANALYST

Email: ruthann.morss@encana.com

COGCC Approved: David And Title: PE II Date: 10/13/2010

CONDITIONS OF APPROVAL, IF ANY:

