

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 21 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	Complete the Attachment Checklist
2. Name Of Operator : Encana Oil & Gas (USA) Inc	Phone : 720-876-5060	
3. Address : 370 17th St, Ste 1700 City : Denver State : CO Zip : 80202	Fax : 720-876-6060	OP OGCC
5. API Number : 05045094190000	OGCC Facility ID Number : 2-342D (RJ2)	Survey Plat <input type="checkbox"/>
6. Well/Facility Name : Youberg 2-342D (RJ2)	7. Well/Facility Number : 2-342D (RJ2)	Directional Survey <input type="checkbox"/>
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian) : NWSE Sec 2 T7S - R94W 6th PM	9. County : GARFIELD	Surface Eqm't Diagram <input type="checkbox"/>
10. Field Name : Rulison	11. Federal, Indian or State Lease Number : C-46029	Technical Info Page <input checked="" type="checkbox"/>
		Other <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)  
FNU/FSL FEU/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 POOP 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  
From :  
To :  
Effective Date :  
NUMBER

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  Report of Work Done  
Approximate Start Date : upon approval 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: 10/21/2010 Email: ruthann.morss@encana.com  
Print Name : RUTHANN MORSS Title : REGULATORY ANALYST

COGCC Approved: Daniel And Title: PE II Date: 11/4/2010  
CONDITIONS OF APPROVAL, IF ANY:

