

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

02577455



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: HEATHER MITCHELL
2. Name Of Operator: EnCana Oil & Gas (USA) Inc.	Phone: 720-876-3070
3. Address: 370 17th Street, Suite 1700	Fax: 720-876-4070
City: Denver	State: CO
Zip: 80202	
5. API Number: 05045104710000	OGCC Facility ID Number: 13D A28B 595
6. Well/Facility Name: N Parachute EF13D A28B 595	7. Well/Facility Number: 13D A28B 595
8. Location (Qtr/Ctr, Sec, Twp, Rng, Meridian): NE/NE Sec 28 T5S - R95W 6th PM	
9. County: GARFIELD	10. Field Name: Grand Valley
11. Federal, Indian or State Lease Number:	

Complete the Attachment
Checklist

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

RECEIVED
OCT 18 2010
COGCC/Rifle Office

General Notice

(a change of surface qtr/ctr is substantive and requires a new permit)
FNL/FSL

CHANGE OF LOCATION: Attach New Survey Plat

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/Ctr, Sec, Twp, Rng, Mer

Latitude Distance to nearest property line

Longitude Distance to nearest lease line

Ground Elevation Distance to nearest well same formation

attach directional survey

Distance to nearest bldg, public rd, utility or RR
Is location in a High Density Area (Rule 603b)? Yes ☐ No ☐
Surface owner consultation date:

GPS DATA:

Date of Measurement

PDOP Reading

CHANGE SPACING UNIT		PDOP Reading		Instrument Operator's Name	
Formation	Formation Code	Spacing order number	Unit acreage	Unit configuration	
				<input type="checkbox"/> 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 ☐ 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

<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Report of Work Done
Approximate Start Date:	Date Work Completed: 09/14/2010

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 type="checkbox"/> Request to Vent or Flare
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Gas Lift Installed

☐ E&P Waste Disposal
☐ Beneficial Reuse of E&P Waste
☐ Status Update/Change of Remediation Plans 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: 10/18/2010

Email: Heather.Mitchell@encana.com

Print Name: HEATHER MITCHELL

Title: REGULATORY ANALYST

COGCC Approved:
CONDITIONS OF APPROVAL IF ANY

Title:

EC-3

Date:

10/22/2010