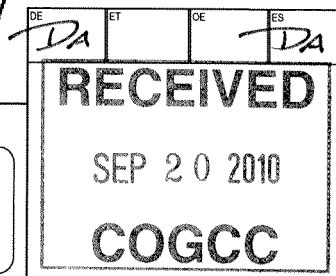




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.nmission

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
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 05-045-07823-0000 OGCC Facility ID Number
6. Well/Facility Name: COUEY 7. Well/Facility Number 17-6A
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENW Sec 17-T7S-R92W 6th PM
9. County: GARFIELD 10. Field Name: MAMM CREEK
11. Federal, Indian or State Lease Number: FEE WELL

Complete the Attachment
Checklist

OP OGCC

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

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:	<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
From: _____ NUMBER _____
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: _____ 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.)

<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
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: indefinite 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: Ruthann Morss Date: 9-15-10 Email: RUTHANN.MORSS@ENCANA.COM
Print Name: RUTHANN MORSS Title: REGULATORY ANALYST

COGCC Approved: David Anderson Title: PE II Date: 3/10/2011

CONDITIONS OF APPROVAL, IF ANY:

FORM

4

Rev 12/05

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

SEP 20 2010

COGCC

1.	OGCC Operator Number:	100185	API Number:	05-045-07823-0000
2.	Name of Operator:	EnCana Oil & Gas (USA) Inc.	OGCC Facility ID #	
3.	Well/Facility Name:	COUEY	Well/Facility Number:	17-6A
4.	Location (QtrQtr, Sec, Twp, Rng, Meridian):	SENW Sec 17-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:	Couey 17-6A		
PBTD:	6201'	Surface csg:	1617'
TD:	6355'	Perf Interval:	4444' - 6247'

02/17/09: Builds to 150 psi in ~2 weeks, blows dead in 45 minutes through 1/4" valve, with no fluid.

We would like to request a 90 day vent period.

06/29/2009: 7 day build up was 88 psi. We would like to drop this well from the venting list.

9-15-10: Encana requests approval to open and vent the bradenhead on this well indefinitely. A 7-day pressure build-up will be obtained and, if that pressure builds to 150 psi or greater during that time, it will be reported on a Form 17. All 7-day build-up pressure data will be reported in our annual report no later than November 1st.