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Commission



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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.)

RECEIVED

SEP 20 2010

COGCC

Complete the Attachment
Checklist

OP OGCC

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 05-045-09447-0000 OGCC Facility ID Number
6. Well/Facility Name: SHIDELER 7. Well/Facility Number 32-2D (G32C)
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNE Sec 32-T6S-R92W 6th PM
9. County: GARFIELD 10. Field Name: MAMM CREEK
11. Federal, Indian or State Lease Number: COC56608E

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)

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:

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

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: 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.)

☐ 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☐ Casing/Cementing Program Change☒ Other: INDEFINITE 180 DAY 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:

Date: 9-15-10

Email:

RUTHANN.MORSS@ENCANA.COM

Print Name:

RUTHANN MORSS

Title:

REGULATORY ANALYST

COGCC Approved:

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:	05-045-09447-0000
2. Name of Operator:	EnCana Oil & Gas (USA) Inc.	OGCC Facility ID #	
3. Well/Facility Name:	SHIDELER	Well/Facility Number:	32-2D (G32C)
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	SWNE Sec 32-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. Well Information:

Well:	Shideler 32-2D	TOC:	1900'
PBTD:	6435'	Surface csg:	1020'
TD:	6575'	Perf Interval:	4414-6466'

3 day buildup on this well is 245 psi; it blows dead instantly through 2" valve. We requested a 90-day vent period on 7/15/08.

After the 90 days, we did a 7-day buildup.

Built to 150# in 6 days, blew dead through 2" ball valve in 1 minute. On 10/30/08, requested an additional 90-day venting period.

2/17/09: 7 day buildup was 135 psi. We will remove from venting list.

11/25/09: 3 day buildup is 151 psi. Well blew dead instantly through 2" valve. No fluid. Requesting 180 day venting period.

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.