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of Colorado
ervation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

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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

OCT 18 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, STE 1700
City : DENVER State : CO Zip : 80202
4. Contact Name : RUTHANN MORSS
Phone : 720-876-5060
Fax : 720-876-6060
5. API Number : 05045077940000 OGCC Facility ID Number 17-2A
6. Well/Facility Name : Couey 17-2A 7. Well/Facility Number : 17-2A
8. Location (QtrQtr, Sec, Twp, Rng, Meridian) : NENW Sec 17 T7S - R92W 6th PM
9. County : GARFIELD 10. Field Name : Mamm Creek
11. Federal, Indian or State Lease Number :

Survey Plat	<input type="checkbox"/>	<input type="checkbox"/>
Directional Survey	<input type="checkbox"/>	<input type="checkbox"/>
Surface Eqpm Diagram	<input type="checkbox"/>	<input type="checkbox"/>
Technical Info Page	<input 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:

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:

attach directional survey

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 ☐ 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

☒ Notice of Intent☐ Report of Work Done

Approximate Start Date : on approval

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 VENT (BRADENHEAD)

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: 10/13/2010

Email: ruthann.morss@encana.com

Print Name: RUTHANN MORSS

Title: REGULATORY ANALYST

COGCC Approved:

Title: PE II

Date: 3/16/2011

CONDITIONS OF APPROVAL, IF ANY: