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State of Colorado  
Conservation Commission

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



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RECEIVED  
OCT 18 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 OP OGCC
2. Name Of Operator : EnCana Oil & Gas (USA) Inc.	Phone : 720-876-5060	
3. Address : 370 17th Street, #1700	Fax : 720-876-6060	
City : Denver State : CO Zip : 80202		
5. API Number : 05045099150000	OGCC Facility ID Number : 35-15A (P35B)	Survey Plat <input type="checkbox"/>
6. Well/Facility Name : Benzel 35-15A (P35B)	7. Well/Facility Number : 35-15A (P35B)	Directional Survey <input type="checkbox"/>
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian) : SESE Sec 35 T6S - R93W 6th PM		Surface Eqpmt Diagram <input type="checkbox"/>
9. County : GARFIELD	10. Field Name : Mamm Creek	Technical Info Page <input type="checkbox"/>
11. Federal, Indian or State Lease Number : COC55972X		Other <input type="checkbox"/>

## General Notice

<input type="checkbox"/> 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	attach directional survey
Latitude	Distance to nearest property line
Longitude	Distance to nearest lease line
Ground Elevation	Distance to nearest well same formation
	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 Instrument Operator's Name
<input type="checkbox"/> CHANGE SPACING UNIT	<input type="checkbox"/> Remove from surface bond
Formation Formation Code Spacing order number Unit Acreage Unit configuration	Signed surface use agreement attached
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME
Effective Date :	From :
Plugging Bond : <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	To :
	Effective Date :
<input type="checkbox"/> ABANDONED LOCATION:	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date well shut in or temporarily abandoned:
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Ready for Inspection:	MIT required if shut in longer than two years. Date of Last MIT
<input type="checkbox"/> SPUD DATE :	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS: (6 mos from date casing set)
<input type="checkbox"/> 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
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.	
Final reclamation will commence on approximately <input type="checkbox"/> Final reclamation is completed and site is ready for inspection.	

## Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done	
Approximate Start Date :	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 (BRADENHEAD)	

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: 10/14/2010

Email: ruthann.morss@encana.com

Print Name : RUTHANN MORSS

Title : REGULATORY ANALYST

COGCC Approved: David Anderson

Title: PE II

Date: 3/16/2011

CONDITIONS OF APPROVAL, IF ANY: