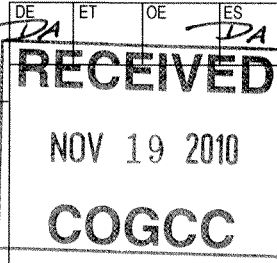




02055012

State of Colorado
Conservation Commission

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 | 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, Suite 1700 | Fax : 720-876-6060 | |
| City : Denver State : CO Zip : 80202 | | |
| 5. API Number : 05045119500000 | OGCC Facility ID Number : 16-13 (PD21) | Survey Plat <input type="checkbox"/> |
| 6. Well/Facility Name : EnCana Mahaffey | 7. Well/Facility Number : 16-13 (PD21) | Directional Survey <input type="checkbox"/> |
| 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian) : NWNW Sec 21 T7S - R95W 6th PM | | Surface Eqpm Diagram <input type="checkbox"/> |
| 9. County : GARFIELD | 10. Field Name : Parachute | Technical Info Page <input type="checkbox"/> |
| 11. Federal, Indian or State Lease Number : | | 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: | attach directional survey |
| 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: |
| 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 checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Report of Work Done | |
| Approximate Start Date : UPON APPROVAL | 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: 11/08/2010Email: ruthann.morss@encana.com

Print Name : RUTHANN MORSS

Title : REGULATORY ANALYST

COGCC Approved: David Title: PE II Date: 3/17/2011

CONDITIONS OF APPROVAL, IF ANY: