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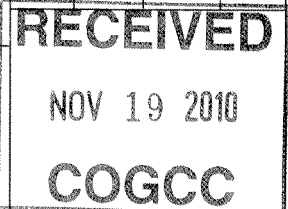
State of Colorado
Oil and Gas Conservation Commission

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 : 05045135750000	OGCC Facility ID Number : 16-4BB (PD16)	Survey Plat <input type="checkbox"/>
6. Well/Facility Name : Enycart	7. Well/Facility Number : 16-4BB (PD16)	Directional Survey <input type="checkbox"/>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian) : NWNW Sec 16 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
Longitude	Distance to nearest bldg, public rd, utility or RR
Ground Elevation	Distance to nearest lease line
	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	Signed surface use agreement attached
Formation Code	
Spacing order number	
Unit Acreage	
Unit configuration	
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME
Effective Date :	NUMBER
Plugging Bond : <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	From :
	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: 11/08/2010

Email: ruthann.morss@encana.com

Print Name : RUTHANN MORSS

Title : REGULATORY ANALYST

COGCC Approved: Daniel And Title: PE II Date: 3/22/2011

CONDITIONS OF APPROVAL, IF ANY: