



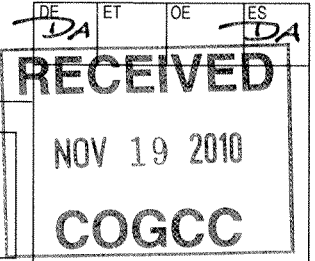
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FORM 4 Rev 12/05

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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
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: 05045155420000
6. Well/Facility Name: Federal
7. Well/Facility Number: 19-14 (PM19)
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SWSW Sec 19 T7S - R95W 6th PM
9. County: GARFIELD
10. Field Name: Parachute
11. Federal, Indian or State Lease Number: COC 019572

Complete the Attachment Checklist

Table with 2 columns: Attachment Name, and checkboxes for OP and OGCC. Rows include Survey Plat, Directional Survey, Surface Eqmpt Diagram, Technical Info Page, and Other.

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)
CHANGE SPACING UNIT
CHANGE OF OPERATOR (prior to drilling):
CHANGE WELL NAME
ABANDONED LOCATION:
SPUD DATE:
SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK
RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.

Technical Engineering/Environmental Notice

Notice of Intent
Approximate Start Date: UPON APPROVAL
Request to Vent or Flare
Request to Repair Well
Request to Rule 502 variance requested
Request to 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: [Signature] Title: PE II Date: 3/22/2011
CONDITIONS OF APPROVAL, IF ANY: