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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



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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.)

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 : 05045155460000 OGCC Facility ID Number 19-11 (PM19) 6. Well/Facility Name : Federal 7. Well/Facility Number : 19-11 (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 : COC019572

Complete the Attachment Checklist

Table with 2 columns: Attachment Name, Status (OP, OGCC). Rows include Survey Plat, Directional Survey, Surface Eqmpt Diagram, Technical Info Page, Other.

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: 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 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 From : To : Effective Date : NUMBER ABANDONED LOCATION: Was location ever built? Yes No Is 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 REQUEST FOR CONFIDENTIAL STATUS: (6 mos from date casing set) SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK 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 : UPON 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 for spills and Releases Casing/Cementing Program Change 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: David And Title: PE II Date: 3/22/2011 CONDITIONS OF APPROVAL, IF ANY: