



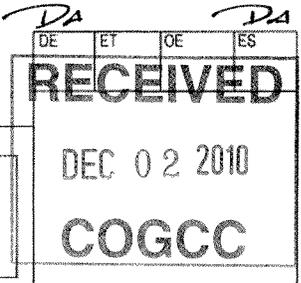
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FORM
4
Rev 12/05

Page 1

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 City : Denver State : CO Zip : 80202	Fax : 720-876-6060	
5. API Number : 05045103580000	OGCC Facility ID Number : 36-16 (P136)	Survey Plat <input type="checkbox"/>
6. Well/Facility Name : TBI Federal	7. Well/Facility Number : 36-16 (P136)	Directional Survey <input type="checkbox"/>
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian) : NESE Sec 36 T7S - R96W 6th PM		Surface Eqmpt Diagram <input type="checkbox"/>
9. County : GARFIELD	10. Field Name : Parachute	Technical Info Page <input checked="" type="checkbox"/>
11. Federal, Indian or State Lease Number :		Other <input type="checkbox"/>

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

SPUD DATE :
 REQUEST FOR CONFIDENTIAL STATUS: (6 mos from date casing set)

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

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 upon approval 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.)

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 bradenhead vent

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: 11/29/2010

Email: ruthann.morss@encana.com

Print Name : RUTHANN MORSS

Title : REGULATORY ANALYST

COGCC Approved: David And Title: PE II Date: 3/23/2011

CONDITIONS OF APPROVAL, IF ANY:

