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4 Rev 12/05

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.)

RECEIVED
FEB 8 2012
COGCC

1. OGCC Operator Number : 100185	4. Contact Name : BONNIE LAMOND	Complete the Attachment Checklist
2. Name Of Operator : EnCana Oil & Gas (USA) Inc.	Phone : 720-876-5156	
3. Address : 370 17th Street, Suite 1700 City : Denver State : CO Zip : 80202	Fax : 720-876-6177	OP OGCC
5. API Number : 05077080950000	OGCC Facility ID Number 312397	Survey Plat <input type="checkbox"/>
6. Well/Facility Name : Milholland	7. Well/Facility Number : 24-1	Directional Survey <input type="checkbox"/>
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian) : SESE Sec 24 T10S - R96W 6th PM		Surface Eqpmt Diagram <input type="checkbox"/>
9. County : MESA	10. Field Name : Plateau	Technical Info Page <input 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)

Change of Surface Footage from Exterior Section Lines: FNL/FSL FEL/FWL

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 Approximate Start Date : Report of Work Done 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 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: Equipment	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Bonnie Lamond Date: 02/07/2012 Email: bonnie.lamond@encana.com

Print Name: BONNIE LAMOND Title: PERMITTING TECH

COGCC Approved: [Signature] Title: NWAE Date: 5/11/12

CONDITIONS OF APPROVAL, IF ANY:

