

FORM  
4  
Rev 12/05

State of Colorado



02131398



## 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.)

**RECEIVED**  
OCT 29 2012  
**COGCC**

Complete the Attachment  
Checklist

OP OGCC

1. OGCC Operator Number: <u>100185</u>	4. Contact Name <u>Bonnie Lamond</u>	Survey Plat			
2. Name of Operator: <u>Encana Oil &amp; Gas (USA), Inc.</u>	Phone: <u>(720) 876-5156</u>			Directional Survey	
3. Address: <u>370 17th Street, Suite 1700</u> City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u>	Fax: <u>(720) 876-6177</u>				
5. API Number <u>05-045216100000</u>	OGCC Facility ID Number <u>324267</u>	Technical Info Page			
6. Well/Facility Name: <u>Shideler Fee</u>	7. Well/Facility Number <u>31-6DD (K31E)</u>			Other	
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>NE-SW-31-7-S-92-W-6</u>	10. Field Name: <u>Mamm Creek</u>				
9. County: <u>GARFIELD</u>	11. Federal, Indian or State Lease Number: _____				

## General Notice

<input type="checkbox"/> <b>CHANGE OF LOCATION:</b> Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)			
Change of <b>Surface</b> Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of <b>Surface</b> Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of <b>Bottomhole</b> Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of <b>Bottomhole</b> Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer	attach directional survey		
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 <input type="checkbox"/>
Ground Elevation _____	Distance to nearest well same formation _____	Surface owner consultation date: _____	
GPS DATA:			
Date of Measurement _____	PDOP Reading _____	Instrument Operator's Name _____	
<input type="checkbox"/> <b>CHANGE SPACING UNIT</b> Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____			<input type="checkbox"/> <b>Remove from surface bond</b> Signed surface use agreement attached
<input type="checkbox"/> <b>CHANGE OF OPERATOR (prior to drilling):</b> Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual		<input type="checkbox"/> <b>CHANGE WELL NAME</b> NUMBER From: _____ To: _____ Effective Date: _____	
<input type="checkbox"/> <b>ABANDONED LOCATION:</b> Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection: _____		<input type="checkbox"/> <b>NOTICE OF CONTINUED SHUT IN STATUS</b> Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT _____	
<input type="checkbox"/> <b>SPUD DATE:</b> _____		<input type="checkbox"/> <b>REQUEST FOR CONFIDENTIAL STATUS</b> (6 mos from date casing set)	
<input type="checkbox"/> <b>SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK</b> *submit cbl and cement job summaries Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____			
<input type="checkbox"/> <b>RECLAMATION:</b> 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 type="checkbox"/> <b>Notice of Intent</b> Approximate Start Date: _____		<input type="checkbox"/> <b>Report of Work Done</b> 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"/> Change Drilling Plans <input type="checkbox"/> Gross Interval Changed? <input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Request to Vent or Flare <input type="checkbox"/> Repair Well <input type="checkbox"/> Rule 502 variance requested <input type="checkbox"/> Other: _____	<input type="checkbox"/> E&P Waste Disposal <input type="checkbox"/> Beneficial Reuse of E&P Waste <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

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

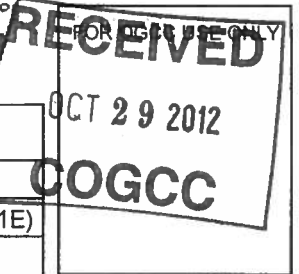
Signed: Bonnie Lamond  
 Print Name: Bonnie Lamond

Date: 10/26/2012 Email: bonnie.lamond@encana.com  
 Title: Permitting Technician

COGCC Approved: [Signature]  
 CONDITIONS OF APPROVAL, IF ANY:

Title: NWAEDate: 11/5/12

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number: \_\_\_\_\_ API Number: 05045216100000
2. Name of Operator: Encana Oil & Gas (USA), Inc. OGCC Facility ID # \_\_\_\_\_
3. Well/Facility Name: Shideler Fee Well/Facility Number: 31-6DD (K31E)
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NE-SW-31-7-S-92-W-6

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Encana Oil and Gas (USA) Inc. requests permission to run 7" intermediate casing set at or near 5250' MD-RKB depending on the final 7" casing tally for the Shideler Fee 6-6DD (K31E) well. The TOC will be brought to 3943' MD-RKB which is 700' above the MV at 4643' MD-RKB.