

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
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SUNDRY NOTICE

Submit a signed original. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full in Comments or provide as an attachment. Identify Well by API Number; identify Oil and Gas Location by Location ID Number; identify other Facility by Facility ID Number.

OGCC Operator Number: 100185 Contact Name Alexis Bidgood
 Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3074
 Address: 370 17TH ST STE 1700 Fax: ()
 City: DENVER State: CO Zip: 80202-5632 Email: Alexis.Bidgood@encana.com

Complete the Attachment Checklist

OP OGCC

API Number : 05- 045 20198 00 OGCC Facility ID Number: 420638
 Well/Facility Name: HMU Fee Well/Facility Number: 23-16B1 (D25W)
 Location QtrQtr: NWNW Section: 25 Township: 7S Range: 93W Meridian: 6
 County: GARFIELD Field Name: MAMM CREEK
 Federal, Indian or State Lease Number: _____

Survey Plat		
Directional Survey		
Srvc Eqpmt Diagram		
Technical Info Page		
Other		

CHANGE OF LOCATION OR AS BUILT GPS REPORT

- Change of Location * As-Built GPS Location Report As-Built GPS Location Report with Survey

* Well location change requires new plat. A substantive surface location change may require new Form 2A.

SURFACE LOCATION GPS DATA Data must be provided for Change of Surface Location and As Built Reports.

Latitude 39.422979 PDOP Reading 3.2 Date of Measurement 07/08/2010
 Longitude -107.730795 GPS Instrument Operator's Name C.D. Slaugh

LOCATION CHANGE (all measurements in Feet)

Well will be: DIRECTIONAL (Vertical, Directional, Horizontal)

Change of **Surface** Footage **From** Exterior Section Lines:

Change of **Surface** Footage **To** Exterior Section Lines:

Current **Surface** Location **From** QtrQtr NWNW Sec 25 Twp 7S Range 93W Meridian 6
 New **Surface** Location **To** QtrQtr NWNW Sec 25 Twp 7S Range 93W Meridian 6

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

Current **Top of Productive Zone** Location **From** Sec 23 Twp 7S Range 93W
 New **Top of Productive Zone** Location **To** Sec 23 Twp 7S Range 93W

Change of **Bottomhole** Footage **From** Exterior Section Lines:

Change of **Bottomhole** Footage **To** Exterior Section Lines:

Current **Bottomhole** Location Sec 23 Twp 7S Range 93W
 New **Bottomhole** Location Sec 23 Twp 7S Range 93W

Is location in High Density Area? No

Distance, in feet, to nearest building 5280, public road: 4257, above ground utility: 5280, railroad: 5280,
 property line: 702, lease line: 179, well in same formation: 530

Ground Elevation 7228 feet Surface owner consultation date _____

FNL/FSL		FEL/FWL	
<u>460</u>	<u>FNL</u>	<u>525</u>	<u>FWL</u>
<u>471</u>	<u>FNL</u>	<u>521</u>	<u>FWL</u>
<u>1070</u>	<u>FSL</u>	<u>880</u>	<u>FEL</u>
<u>1075</u>	<u>FSL</u>	<u>1124</u>	<u>FEL</u> **
<u>1070</u>	<u>FSL</u>	<u>880</u>	<u>FEL</u>
<u>1075</u>	<u>FSL</u>	<u>1124</u>	<u>FEL</u> **

** attach deviated drilling plan

Comments:

ENGINEERING AND ENVIRONMENTAL WORK

NOTICE OF CONTINUED TEMPORARILY ABANDONED STATUS

Indicate why the well is temporarily abandoned and describe future plans for utilization in the COMMENTS box below or provide as an attachment, as required by Rule 319.b.(3).

Date well temporarily abandoned _____ Has Production Equipment been removed from site? _____

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT _____

SPUD DATE: _____

TECHNICAL ENGINEERING AND ENVIRONMENTAL WORK

Details of work must be described in full in the COMMENTS below or provided as an attachment.

NOTICE OF INTENT Approximate Start Date 03/21/2014

REPORT OF WORK DONE Date Work Completed _____

<input type="checkbox"/> Intent to Recomplete (Form 2 also required)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Mangement Plan
<input checked="" type="checkbox"/> Change Drilling Plan	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Change	<input type="checkbox"/> Rule 502 variance requested. Must provide detailed info regarding request.	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

Encana Oil & Gas (USA) Inc. respectfully request permission to change SHL, BHL, well name, TD and, casing plan on the above referenced well.

CASING AND CEMENTING CHANGES

Casing Type	Size	Of	/	Hole	Size	Of	/	Casing	Wt/Ft	Csg/LinTop	Setting Depth	Sacks of Cement	Cement Bottom	Cement Top
Conductor casing	24	0		0	16	0		0	.25"Wa ll	0	60	100	60	0
Surface String	12	1		4	9	5		8	36	0	1023	396	1023	0
First String	7	7		8	4	1		2	11.6	0	9504	876	9504	5434

H2S REPORTING

Data Fields in this section are intended to document Sample and Location Data associated with the collection of a Gas Sample that is submitted for Laboratory Analysis.

Gas Analysis Report must be attached.

H2S Concentration: _____ in ppm (parts per million) Date of Measurement or Sample Collection _____

Description of Sample Point:

Absolute Open Flow Potential _____ in CFPD (cubic feet per day)

Description of Release Potential and Duration (If flow is not open to the atmosphere, identify the duration in which the container or pipeline would likely be opened for servicing operations.):

Distance to nearest occupied residence, school, church, park, school bus stop, place of business, or other areas where the public could reasonably be expected to frequent: _____

Distance to nearest Federal, State, County, or municipal road or highway owned and principally maintained for public use: _____

COMMENTS:

<u>Best Management Practices</u>	
<u>No BMP/COA Type</u>	<u>Description</u>

Operator Comments:

[Empty box for Operator Comments]

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

Signed: _____ Print Name: Alexis Bidgood
Title: Permitting Analyst Email: Alexis.Bidgood@encana.com Date: 10/28/2013

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: KUBECZKO, DAVE Date: 12/10/2013

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400499148	FORM 4 SUBMITTED
400500664	DIRECTIONAL DATA
400500665	WELL LOCATION PLAT
400500667	DEVIATED DRILLING PLAN

Total Attach: 4 Files