

State of Colorado Oil and Gas Conservation Commission

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



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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 Erin Lind
 Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5827
 Address: 370 17TH ST STE 1700 Fax: ()
 City: DENVER State: CO Zip: 80202-5632 Email: erin.lind@encana.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 36892 00 OGCC Facility ID Number: 432005
 Well/Facility Name: Billings Well/Facility Number: 3H-18H
 Location QtrQtr: NWSW Section: 18 Township: 3N Range: 68W Meridian: 6
 County: WELD Field Name: WATTENBERG
 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 40.222539 PDOP Reading 1.2 Date of Measurement 01/20/2014
 Longitude -105.051742 GPS Instrument Operator's Name JOHN RICE

LOCATION CHANGE (all measurements in Feet)

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

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

	FNL/FSL		FEL/FWL
1549	FSL	762	FWL

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

1570	FSL	952	FWL
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Current **Surface** Location **From** QtrQtr NWSW Sec 18 Twp 3N Range 68W Meridian 6

New **Surface** Location **To** QtrQtr NWSW Sec 18 Twp 3N Range 68W Meridian 6

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

140	FSL	731	FWL
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Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

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Current **Top of Productive Zone** Location **From** Sec 18 Twp 3N Range 68W

New **Top of Productive Zone** Location **To** Sec Twp Range

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

50	FSL	2181	FWL
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Change of **Bottomhole** Footage **To** Exterior Section Lines:

50	FSL	2181	FWL	**
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Current **Bottomhole** Location Sec 17 Twp 3N Range 68W ** attach deviated drilling plan

New **Bottomhole** Location Sec 17 Twp 3N Range 68W

Is location in High Density Area? No

Distance, in feet, to nearest building 841, public road: 951, above ground utility: 991, railroad: 5280,
 property line: 269, lease line: 0, well in same formation: 700

Ground Elevation 5155 feet Surface owner consultation date _____

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 _____

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 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:

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

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.):

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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:

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Best Management Practices

No BMP/COA Type

Description

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Operator Comments:

Encana is requesting to move this surface hole location in consideration of a nearby home and pending approval of a pad location size expansion. The wellhead will stay in the original permitted quarter-quarter section. This well will be 1020 feet away from the closest building unit.

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

Signed: _____ Print Name: Erin Lind
Title: Permitting Analyst Email: erin.lind@encana.com Date: _____

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

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

400550304	WELL LOCATION PLAT
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Total Attach: 1 Files