

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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 Toby Sachen
 Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5845
 Address: 370 17TH ST STE 1700 Fax: ()
 City: DENVER State: CO Zip: 80202-5632 Email: toby.sachen@encana.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 09758 00 OGCC Facility ID Number: 241967
 Well/Facility Name: JILLSON GAS UNIT Well/Facility Number: 1
 Location QtrQtr: SESW Section: 22 Township: 2N 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 _____ PDOP Reading _____ Date of Measurement _____
 Longitude _____ GPS Instrument Operator's Name _____

LOCATION CHANGE (all measurements in Feet)

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

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

FNL/FSL	FEL/FWL
990 FSL	1650 FWL

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

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Current **Surface** Location **From** QtrQtr SESW Sec 22

Twp <u>2N</u>	Range <u>68W</u>	Meridian <u>6</u>
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New **Surface** Location **To** QtrQtr _____ Sec _____

Twp _____	Range _____	Meridian _____
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Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

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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 _____

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

Twp _____	Range _____
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Change of **Bottomhole** Footage **From** Exterior Section Lines:

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

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Current **Bottomhole** Location Sec _____ Twp _____ Range _____

** attach deviated drilling plan

New **Bottomhole** Location Sec _____ Twp _____ Range _____

Is location in High Density Area? _____

Distance, in feet, to nearest building _____, public road: _____, above ground utility: _____, railroad: _____,
 property line: _____, lease line: _____, well in same formation: _____

Ground Elevation _____ 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 08/14/2014

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 type="checkbox"/> Change Drilling Plan	<input checked="" 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:

Procedure:

1. Hold a pre-job safety meeting. Discuss all aspects of the procedure with any involved personnel. Identify and address any safety concerns before the job begins.
2. MIRU pulling unit. Kill well with produced water.
3. ND wellhead, NU BOP.
4. POOH with tubing. Replace joints as needed.
5. RU E-line.
6. RIH and Set CIBP @ 7970'
7. Load hole and run CBL over Niobrara.
8. RIH and Shoot squeeze holes ~10' above Niobrara TOC.
9. RIH and set CICR above squeeze holes.
10. RIH and sting into CICR.
11. Attempt to establish injection. If unable to establish injection Call Production Engineer @ 720-261-2295 for path forward.
12. Pump 200 sxs of class G cement.
13. Ensure that all cementing work complies with COGCC rule 317.i (listed on previous page).
14. Un-sting from CICR and POOH.
15. Un-land 4-1/2" production casing.
16. RIH down 4-1/2" by 8-5/8" annulus with 1-1/4" tubing to 650'. Call Production Engineer @ 720-261-2295 if you are unable to reach specified depth.
17. Establish circulation and pump 130 sxs of class G neat cement, taking returns up annulus to surface.
18. Ensure continuous cement from at least 200' to 500' and that all cementing work complies with COGCC rule 317.i (listed on previous page).
19. POOH and lay down 1-1/4" tubing.
20. Re-land 4-1/2" casing
21. Run CBL and log from top of CICR to surface.
22. RD E-line.
23. POOH with work string.
24. RIH and land lubing above CICR
25. ND BOP, NU 5K wellhead.
26. RDMO Workover rig.

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.):

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: Toby Sachen
Title: Regulatory Analyst Email: toby.sachen@encana.com Date: 7/24/2014

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

COGCC Approved: SCHLAGENHAUF, MARK Date: 7/28/2014

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	<p>Note change in procedure:</p> <ol style="list-style-type: none"> 1) Verify existing production casing cement with a cement bond log. 2) If Niobrara coverage not present, provide remedial cement 200' above Niobrara (minimum cement top of 7096'). 3) Shannon and Sussex are productive in this area. Isolate Shannon and Sussex by either an annular fill cementing from 50' below Shannon to 200' above Sussex or performing a successful casing pressure test after ensuring Niobrara and aquifer isolation with cement. If casing pressure test used it should be acknowledged in the Form 5-Submit tab Technical Details/Comments. 4) Increase depth for aquifer annular fill from 650' to 700'. Adjust cement volumes accordingly. 5) The additional cement referenced shall be placed as indicated and comply with Rule 317.i. The placed cement shall be verified with a CBL and documented with a Form 5 Drilling Completion Report. 6) If gyro survey has been run please submit it with the Form 5 Drilling Completion Report.
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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>
400649902	FORM 4 SUBMITTED
400649918	WELLBORE DIAGRAM

Total Attach: 2 Files