

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
Document Number: 400696531			
Date Received: 09/26/2014			

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 AMY HENLINE
 Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3364
 Address: 370 17TH ST STE 1700 Fax: ()
 City: DENVER State: CO Zip: 80202-5632 Email: AMY.HENLINE@ENCANA.COM

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 00 OGCC Facility ID Number: 423182
 Well/Facility Name: Benzel Well/Facility Number: 26-6H (F25NWB)
 Location QtrQtr: SENW Section: 25 Township: 6S 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 _____ 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
<u>1474</u> FNL	<u>2282</u> FWL

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

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Current **Surface** Location **From** QtrQtr SENW Sec 25

Twp <u>6S</u>	Range <u>93W</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 _____

OTHER CHANGES

REMOVE FROM SURFACE BOND Signed surface use agreement is a required attachment

CHANGE OF WELL, FACILITY OR OIL & GAS LOCATION NAME OR NUMBER

From: Name BENZEL Number 26-6H (F25NWB) Effective Date: _____

To: Name _____ Number _____

ABANDON PERMIT: Permit can only be abandoned if the permitted operation has NOT been conducted. Field inspection will be conducted to verify site status.

WELL: Abandon Application for Permit-to-Drill (Form2) – Well API Number _____ has not been drilled.

PIT: Abandon Earthen Pit Permit (Form 15) – COGCC Pit Facility ID Number _____ has not been constructed (Permitted and constructed pit requires closure per Rule 905)

CENTRALIZED E&P WASTE MANAGEMENT FACILITY: Abandon Centralized E&P Waste Management Facility Permit (Form 28) – Facility ID Number _____ has not been constructed (Constructed facility requires closure per Rule 908)

OIL & GAS LOCATION ID Number: _____

Abandon Oil & Gas Location Assessment (Form 2A) – Location has not been constructed and site will not be used in the future.

Keep Oil & Gas Location Assessment (Form 2A) active until expiration date. This site will be used in the future.

Surface disturbance from Oil and Gas Operations must be reclaimed per Rule 1003 and Rule 1004.

REQUEST FOR CONFIDENTIAL STATUS

DIGITAL WELL LOG UPLOAD

DOCUMENTS SUBMITTED Purpose of Submission: _____

RECLAMATION

INTERIM RECLAMATION

Interim Reclamation will commence approximately _____

Per Rule 1003.e.(3) operator shall submit Sundry Notice reporting interim reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

Interim reclamation complete, site ready for inspection.

Per Rule 1003.e(3) describe interim reclamation procedure in Comments below or provide as an attachment and attach required location photographs.

Field inspection will be conducted to document Rule 1003.e. compliance

FINAL RECLAMATION

Final Reclamation will commence approximately _____

Per Rule 1004.c.(4) operator shall submit Sundry Notice reporting final reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

Final reclamation complete, site ready for inspection. Per Rule 1004.c(4) describe final reclamation procedure in Comments below or provide as an attachment.

Field inspection will be conducted to document Rule 1004.c. compliance

Comments:

Encana respectfully requests permission to extend the time to conduct interim reclamation at this location for 1 year. The surface landowner has agreed to allow Encana permission to leave the location as is at this time. Due to current budget outlooks, Encana is actively evaluating existing locations for future drilling potential. Encana plans to monitor & evaluate the location condition using the BMPs agreed upon per the Surface Use Agreement, as well as BMPs & COAs established in the approved Location Assessment & Application to Drill.

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:

Empty text box for comments.

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:

Empty text box for sample point description.

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.):

Empty text box for release potential and duration description.

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:

Best Management Practices

No BMP/COA Type

Description

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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: AMY HENLINE
 Title: REGULATORY ANALYST Email: AMY.HENLINE@ENCANA.COM Date: 9/26/2014

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

COGCC Approved: Colby, Lou Date: 8/21/2015

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Reclamation Specialist	Approval of this Form 4 does not approve the requested extension for interim reclamation. However, due to the delay in processing this form, COGCC will conduct an interim reclamation inspection on the location after the proposed extension date. It is our expectation that interim reclamation activities will have been conducted so the location will be in compliance with reclamation rules.	8/21/2015 10:02:39 AM
Field Inspector	Un-vegetated surface area currently at approximately 4.75 acres, with approximately 2.5 acres unused. The site does not have adequate vegetation cover and contains mostly weeds. Location run off is contained overall, by exterior, Southern perimeter stockpile berm. Interior, upper berm eroded away on Eastern side and sediment caught in retention basin below. Interior/ upper berm, South of Southern entrance is eroding and the swale is undercutting.	11/4/2014 2:55:15 PM
Field Inspector	This form 4 approval is to inform the operator that COGCC has successfully received the Form. It is not in any way a release of the reclamation. A field inspection will be conducted.	10/6/2014 10:06:22 AM
Environmental	Routed to A. Goodwin and D. Arthur for review.	9/26/2014 3:10:39 PM

Total: 4 comment(s)

Attachment Check List

Att Doc Num

Name

400696531	FORM 4 SUBMITTED
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Total Attach: 1 Files