

# State of Colorado Oil and Gas Conservation Commission

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|                                      |    |    |    |
|--------------------------------------|----|----|----|
| DE                                   | ET | OE | ES |
| Document Number:<br><b>401108183</b> |    |    |    |
| Date Received:<br><b>09/13/2016</b>  |    |    |    |

## 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: <u>100185</u>                                                                      | Contact Name <u>Matt Kasten</u> | Complete the Attachment<br>Checklist<br><br>OP OGCC |
| Name of Operator: <u>ENCANA OIL &amp; GAS (USA) INC</u>                                                  | Phone: <u>(970) 2852925</u>     |                                                     |
| Address: <u>370 17TH ST STE 1700</u>                                                                     | Fax: <u>( )</u>                 |                                                     |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-5632</u> Email: <u>matt.kasten@encana.com</u>         |                                 |                                                     |
| API Number : <u>05-04500</u> OGCC Facility ID Number: <u>335822</u>                                      | Survey Plat                     |                                                     |
| Well/Facility Name: <u>N. PARACHUTE-65S95W</u> Well/Facility Number: <u>28NWNW</u>                       | Directional Survey              |                                                     |
| Location QtrQtr: <u>NWNW</u> Section: <u>28</u> Township: <u>5S</u> Range: <u>95W</u> Meridian: <u>6</u> | Srvc Eqpmt Diagram              |                                                     |
| County: <u>GARFIELD</u> Field Name: <u>GRAND VALLEY</u>                                                  | Technical Info Page             |                                                     |
| Federal, Indian or State Lease Number: _____                                                             | 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:

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

Current **Surface** Location **From** QtrQtr NWNW Sec 28

New **Surface** Location **To** QtrQtr \_\_\_\_\_ Sec \_\_\_\_\_

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 \_\_\_\_\_

New **Top of Productive Zone** Location **To** Sec \_\_\_\_\_

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

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

Current **Bottomhole** Location Sec \_\_\_\_\_ Twp \_\_\_\_\_

New **Bottomhole** Location Sec \_\_\_\_\_ Twp \_\_\_\_\_

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 \_\_\_\_\_

| FNL/FSL       |                  | FEL/FWL           |     |
|---------------|------------------|-------------------|-----|
| 1258          | FNL              | 722               | FWL |
|               |                  |                   |     |
| Twp <u>5S</u> | Range <u>95W</u> | Meridian <u>6</u> |     |
| Twp _____     | Range _____      | Meridian _____    |     |
|               |                  |                   |     |
|               |                  |                   | **  |
| Twp _____     | Range _____      |                   |     |
| Twp _____     | Range _____      |                   |     |
|               |                  |                   |     |
|               |                  |                   | **  |
|               |                  |                   |     |

\*\* attach deviated drilling plan

## 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 N. PARACHUTE-65S95W Number 28NWNW 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:

## 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 09/26/2016

☐ 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 checked="" type="checkbox"/> Other <u>Cuttings disposal</u>   | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases          |                                                        |

## COMMENTS:

Encana is requesting cuttings transport and disposal of approximately 600 cubic yards from the D28 (Facility ID 335822) to the G29 (Facility ID 335573). Both locations are Encana owned. Cuttings from both locations have been sampled in correspondence of Table 910-1 and have exceedances in PAH's. Due to smaller amount it would save money to transport the D28 cuttings to the G29 where the cuttings will undergo burial and a remediaton system will be installed after interm reclamation. After burial a Form 27 will be submitted to generate a remediation # for the cuttings. Detailed efforts, quantities, and burial locations will be submitted with following correspondences.

## 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:

|  |
|--|
|  |
|--|

**Best Management Practices****No BMP/COA Type****Description**

|  |  |
|--|--|
|  |  |
|--|--|

## Operator Comments:

Attn: Carlos Lujan

D28 cuttings transport/burial request

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

Signed: \_\_\_\_\_

Print Name: Matt Kasten

Title: Env. Consultant

Email: matt.kasten@encana.com

Date: 9/13/2016

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

COGCC Approved: LUJAN, CARLOS

Date: 9/21/2016

**CONDITIONS OF APPROVAL, IF ANY:****COA Type****Description**

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | 1) Cuttings transport and disposal of approximately 600 cubic yards from the D28 (Facility ID 335822) to the G29 (Facility ID 335573) is approved.<br><br>2) Burial of cuttings for onsite remediation of PAHs is NOT APPROVED at this time.<br><br>3) Please submit via e-form 04:<br>A) Analytical results of the cuttings transported from D28;<br>B) After mixing and blending, submit representative analytical results of the East and West cutting cells; and<br>C) Submit a Form 27 Remediation Work Plan with a detailed description of the methodology proposed for the treatment of cuttings. The treatment method must use an effective and proven technology to remediate PAHs within a reasonable time frame. |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**General Comments****User Group****Comment****Comment Date**Routing  
Review

A task has been opened for the Regional EPS to review the operator's request.

9/13/2016  
3:15:54 PM

Total: 1 comment(s)

**Attachment Check List****Att Doc Num****Name**

|           |                              |
|-----------|------------------------------|
| 401108183 | SUNDRY NOTICE APPROVED-OTHER |
| 401108192 | TOPO MAP                     |
| 401108193 | OTHER                        |
| 401115874 | FORM 4 SUBMITTED             |

Total Attach: 4 Files