



State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



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SEP 29 2009  
COGCC

**SUNDRY NOTICE**

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

Complete the Attachment Checklist

OP OGCC

1. OGCC Operator Number: <b>10172</b>	4. Contact Name <b>Joyce Henkin</b>	Survey Plat	
2. Name of Operator <b>BOPCO LP</b>	Phone: <b>303-799-5080</b>		
3. Address: <b>9949 Oswego St Suite 200</b>	Fax: <b>303-799-5081</b>	Directional Survey	
City: <b>Parker</b> State: <b>CO</b> Zip <b>80134</b>		Surface Eqpm Diagram	
5. API Number <b>05-103-10404</b>	OGCC Facility ID Number	Technical Info Page	
6. Well/Facility Name: <b>Yellow Creek Federal</b>	7. Well/Facility Number <b>4-16-1</b>	Other	X
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <b>SWSW, Sec 4, T1S, R98W 6th PM</b>			
9. County: <b>Rio Blanco</b>	10. Field Name: <b>Yellow Creek</b>		
11. Federal, Indian or State Lease Number: <b>COC 59393</b>			

**General Notice**

**CHANGE OF LOCATION: Attach New Survey Plat** (a change of surface qtr/qtr is substantive and requires a new permit)

Change of <b>Surface</b> Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of <b>Surface</b> Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of <b>Bottomhole</b> Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of <b>Bottomhole</b> Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer \_\_\_\_\_

Latitude \_\_\_\_\_ Distance to nearest property line \_\_\_\_\_ Distance to nearest bldg, public rd, utility or RR \_\_\_\_\_

Longitude \_\_\_\_\_ Distance to nearest lease line \_\_\_\_\_ Is location in a High Density Area (rule 603b)? Yes/No

Ground Elevation \_\_\_\_\_ Distance to nearest well same formation \_\_\_\_\_ Surface owner consultation date: \_\_\_\_\_

**attach directional survey**

**GPS DATA:**  
Date of Measurement \_\_\_\_\_ PDOP Reading \_\_\_\_\_ Instrument Operator's Name \_\_\_\_\_

<input type="checkbox"/> <b>CHANGE SPACING UNIT</b>	<input type="checkbox"/> <b>Remove from surface bond</b>
Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____	Signed surface use agreement attached

<input type="checkbox"/> <b>CHANGE OF OPERATOR (prior to drilling):</b> Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> <b>CHANGE WELL NAME</b> <b>NUMBER</b> From: _____ To: _____ Effective Date: _____
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<input type="checkbox"/> <b>ABANDONED LOCATION:</b> Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection: _____	<input type="checkbox"/> <b>NOTICE OF CONTINUED SHUT IN STATUS</b> Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT _____
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**SPUD DATE:** \_\_\_\_\_  **REQUEST FOR CONFIDENTIAL STATUS** (6 mos from date casing set)

**SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK** \*submit cbl and cement job summaries

Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date
_____	_____	_____	_____	_____	_____

**RECLAMATION:** Attach technical page describing final reclamation procedures per Rule 1004.  
Final reclamation will commence on approximately \_\_\_\_\_  Final reclamation is completed and site is ready for inspection.

**Technical Engineering/Environmental Notice**

<input type="checkbox"/> <b>Notice of Intent</b> Approximate Start Date: _____	<input type="checkbox"/> <b>Report of Work Done</b> Date Work Completed: _____
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Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: <b>interim reclamation per BLH Sundry</b>	for Spills and Releases

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

Signed: Joyce Henkin Date **9/28/09** Email: jmhenkin@basspet.com  
Print Name: **Joyce Henkin** Title: **Production Tech**

COGCC Approved: Denise M. Dwyer Title U&C Program Supervisor **11-19-09**  
CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

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1. OGCC Operator Number: 10172 API Number: \_\_\_\_\_  
2. Name of Operator: BOPCO LP OGCC Facility ID # \_\_\_\_\_  
3. Well/Facility Name: Yellow Creek Federal Well/Facility Number: YCF 4-16-1  
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW Sec 4, T1S, R98W 6th PM

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

BOPCO LP would like to advise the COGCC that they have finished the interim reclamation plan that was requested by the White River BLM office. Re-contouring back to the rig anchors and completing a berm around the location was the request. Attached please find photos.

This location will be having development in the future.

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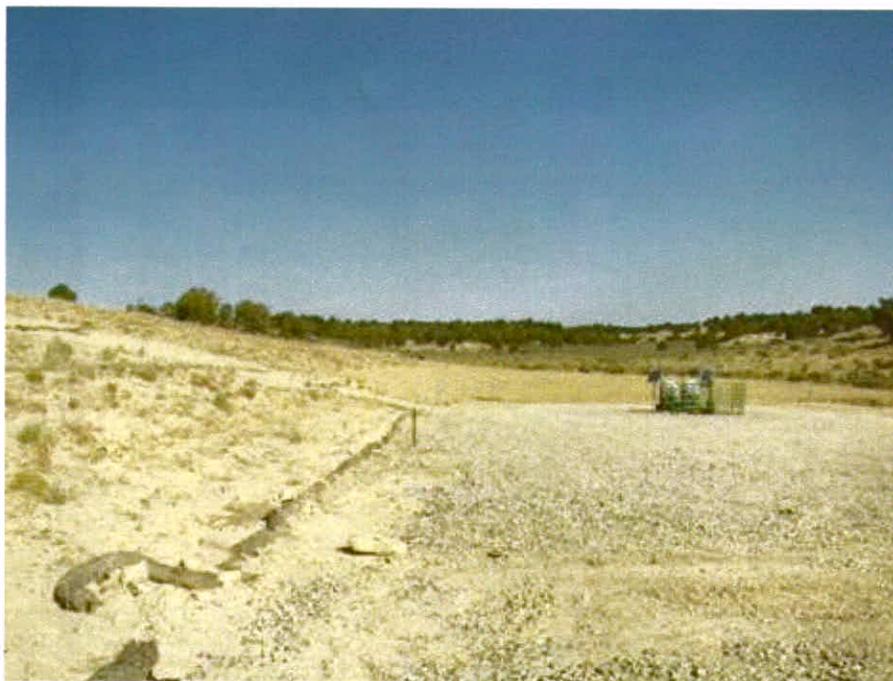
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