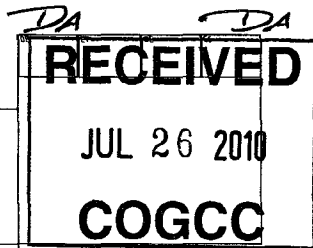




1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



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.)

1. OGCC Operator Number: 10172	4. Contact Name: Reed Haddock	Complete the Attachment Checklist OP OGCC
2. Name of Operator: BOPCO, L.P.	Phone: (303) 799-5080	
3. Address: 9949 Oswego St., Suite 200 City: Parker State: CO Zip: 80134	Fax: (303) 799-5081	
5. API Number 05-103-11140	OGCC Facility ID Number 97955	Survey Plat
6. Well/Facility Name: Yellow Creek Federal	7. Well/Facility Number 3-11-0346	Directional Survey
8. Location (Qtr/Sec, Twp, Rng, Meridian): Lot 8, Sec. 3, T1S, R98W, 6th P.M. NWNW		Surface Eqmpt Diagram
9. County: Rio Blanco	10. Field Name: Yellow Creek	Technical Info Page <input checked="" type="checkbox"/>
11. Federal, Indian or State Lease Number: COC-59393		Other

General Notice

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

Change of Surface Footage from Exterior Section Lines:	FNL/FSL	FEL/FWL
Change of Surface Footage to Exterior Section Lines:		
Change of Bottomhole Footage from Exterior Section Lines:		
Change of Bottomhole Footage to Exterior Section Lines:		attach directional survey

Bottomhole location 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: _____

GPS DATA:
Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

CHANGE SPACING UNIT
Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____

Remove from surface bond
Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):
Effective Date: _____
Plugging Bond: Blanket Individual

CHANGE WELL NAME NUMBER
From: _____
To: _____
Effective Date: _____

ABANDONED LOCATION:
Was location ever built? Yes No
Is site ready for inspection? Yes No
Date Ready for Inspection: _____

NOTICE OF CONTINUED SHUT IN STATUS
Date well shut in or temporarily abandoned: _____
Has Production Equipment been removed from site? Yes No
MIT required if shut in longer than two years. Date of last MIT _____

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

Notice of Intent
Approximate Start Date: 7/22/2010 Report of Work Done
Date Work Completed: _____

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 checked="" 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 type="checkbox"/> Other: _____	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: Reed Haddock Date: 07-22-2010 Email: rhaddock@basspet.com
Print Name: Reed Haddock Title: Regulatory Analyst

COGCC Approved: Daniel Anderson Title: PE II Date: 7/27/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED
JUL 26 2010
COGCC

1. OGCC Operator Number: 10172	API Number: 05-103-11140
2. Name of Operator: BOPCO, L.P.	OGCC Facility ID # 97955
3. Well/Facility Name: Yellow Creek Federal	Well/Facility Number: 3-11-0346
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): Lot 8, Sec. 3, T1S; R98W, 6th P.M.	NWNW

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, L.P. submits this sundry for the purposes of outlining the results of a MIT performed on the subject well June 29, 2010 as well as providing a plan to locate and remediate the apparent failure.

While attempting to load the hole a small leak was detected in the surface cap of the subject well. Subsequent welding on the surface cap to seal the leak was unsuccessful.

The surface cap will be either repaired or replaced and another MIT will be attempted in accordance with COGCC MIT requirements.