



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
2. Name of Operator: BOPCO, L.P.	Phone: (303) 799-5080	
3. Address: 9949 Oswego St., Suite 200	Fax: (303) 799-5081	OP OGCC
City: Parker State: CO Zip: 80134		
5. API Number 05-103-11141	OGCC Facility ID Number 97955	Survey Plat
6. Well/Facility Name: Yellow Creek Federal	7. Well/Facility Number 3-11-0342	Directional Survey
8. Location (Qtr/Sec, Twp, Rng, Meridian): Lot 8, Sec. 3, T1S, R98W, 6th P.M.		Surface Equipmt Diagram
9. County: Rio Blanco	10. Field Name: Yellow Creek	Technical Info Page
11. Federal, Indian or State Lease Number: COC-59393		Other

General Notice

<input type="checkbox"/> 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:	<input type="checkbox"/> FNU/FSL <input type="checkbox"/> FEL/FWL
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/> attach directional survey
Bottomhole location Qtr/Sec, Twp, Rng, Mer	
Latitude	Distance to nearest property line
Longitude	Distance to nearest bldg, public rd, utility or RR
Ground Elevation	Distance to nearest lease line
	Is location in a High Density Area (rule 603b)? Yes/No
	Distance to nearest well same formation
	Surface owner consultation date:
GPS DATA:	
Date of Measurement	PDOP Reading
	Instrument Operator's Name
<input type="checkbox"/> CHANGE SPACING UNIT	
Formation	Formation Code
Spacing order number	Unit Acreage
Unit configuration	
<input type="checkbox"/> Remove from surface bond	
Signed surface use agreement attached	
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	
Effective Date:	
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	
<input type="checkbox"/> CHANGE WELL NAME	
From:	NUMBER
To:	
Effective Date:	
<input type="checkbox"/> ABANDONED LOCATION:	
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"/> NOTICE OF CONTINUED SHUT IN STATUS	
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	
<input type="checkbox"/> SPUD DATE:	
<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)	
<input type="checkbox"/> 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
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.	
Final reclamation will commence on approximately	
<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.	

Technical Engineering/Environmental Notice

<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done
Approximate Start Date: 7/22/2010	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"/> Change Drilling Plans	<input checked="" type="checkbox"/> Repair Well
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other:
<input type="checkbox"/> E&P Waste Disposal	
<input type="checkbox"/> Beneficial Reuse of E&P Waste	
<input type="checkbox"/> Status Update/Change of Remediation Plans	
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
Print Name: Reed Haddock

Date: 07-22-2010 Email: rhaddock@basspet.com
Title: Regulatory Analyst

COGCC Approved: David And

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: 05-103-11141
2. Name of Operator: BOPCO, L.P. OGCC Facility ID #: 97955
3. Well/Facility Name: Yellow Creek Federal Well/Facility Number: 3-11-0342
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): Lot 8, Sec. 3, T1S, R98W, 6th P.M.

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.

After loading the hole with approximately 8 bbls of produced water an attempt was made to pressure up to 350 psi and perform the test. Once that pressure was attained and the pump shut off, pressure fell to 100 psi. There were no visible leaks from the surface cap.

A workover rig will be mobilized to make multiple packer runs with 2-3/8" tubing in order to isolate segments of the wellbore and locate the leak. Subsequent to determining the location a balanced cement plug will be set over the leak. The cement plug will then be tested in accordance with COGCC MIT requirements.