

State of Colorado

Oil and Gas Conservation Commission

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: 46290	4. Contact Name Sherry Glass	Complete the Attachment Checklist OP OGCC	
2. Name of Operator: K. P. Kauffman Company, Inc.	Sherry Glass	Survey Plat	
3. Address: 1675 Broadway, Ste. 2800	Phone: 303-825-4822	Directional Survey	
City: Denver State: CO Zip: 80202	Fax: 303-825-4825	Surface Eqmnt Diagram	
5. API Number 05- 123-25792	OGCC Facility ID Number	Technical Info Page	
6. Well/Facility Name: Front Range	7. Well/Facility Number #11-17-11	Other	
8. Location (Qtr/Clr, Sec, Twp, Rng, Meridian): NESW 17-4N-66W, 6th PM			
9. County: Weld	10. Field Name: Wattenberg		
11. Federal, Indian or State Lease Number:			

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/Clr is substantive and requires a new permit)	FNLFSL	FEL/FWL
Change of Surface Footage from Exterior Section Lines:		
Change of Surface Footage to Exterior Section Lines:		
Change of Bottomhole Footage from Exterior Section Lines:		
Change of Bottomhole Footage to Exterior Section Lines:		
Bottomhole location Qtr/Clr, 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)?
Ground Elevation	Distance to nearest well same formation	Surface owner consultation date: Yes/No
GPS DATA:		
Date of Measurement	PDOP Reading	Instrument Operator's Name
<input type="checkbox"/> CHANGE SPACING UNIT	Formation	Formation Code
Spacing order number	Unit	Acres
Unit configuration		
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME	NUMBER
Effective Date:	From:	
Plugging Bond: Blanket Individual	To:	
Effective Date:	Effective Date:	
<input type="checkbox"/> ABANDONED LOCATION:	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS	
Was location ever built? Yes No	Date well shut in or temporarily abandoned:	
Is site ready for inspection? Yes No	Has Production Equipment been removed from site? Yes No	
Date Ready for Inspection: 8-18-10	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.	<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.	
Final reclamation will commence on approximately		

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done
Approximate Start Date:	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 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: Sherry Glass Date: 8-18-10 Email: sglass@kpk.com

Print Name: Sherry Glass Title: Engineering Technician

OGCC Approved: Title: Date:

CONDITIONS OF APPROVAL, IF ANY:



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Effective Date:	To:	Effective Date:
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual		
<input type="checkbox"/> ABANDONED LOCATION:	Was location ever built? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS
Is site ready for inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date well shut in or temporarily abandoned:	Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Ready for Inspection: 8-18-10	MIT required if shut in longer than two years. Date of last MIT	
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Signed: Sherry Glass Date: 8-18-10 Email: sglass@kpk.com  
Print Name: Sherry Glass Title: Engineering Technician

COGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
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