



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.	Phone: 303-825-4822		
3. Address: 1675 Broadway, Ste. 2800 City: Denver State: CO Zip: 80202	Fax: 303-825-4825		
5. API Number 05-123-25792	OGCC Facility ID Number	Survey Plat	
6. Well/Facility Name: Front Range	Well/Facility Number #11-17-11	Directional Survey	
8. Location (Qt/Clr, Sec, Twp, Rng, Meridian): NESW 17-4N-66W, 6th PM		Surface Eqmnt Diagram	
9. County: Weld	10. Field Name: Wattenberg	Technical Info Page	
11. Federal, Indian or State Lease Number:		Other	

General Notice

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

Change of Surface Footage from Exterior Section Lines: _____ FNU/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: _____

Bottomhole location Qt/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)? Yes/No _____

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

GPS DATA: _____ PDOP Reading _____ Instrument Operator's Name _____

Date of Measurement _____

CHANGE SPACING UNIT
Formation _____ Spacing order number _____ Unit Average _____ Unit configuration _____
 Remove from surface bond
Signed surface use agreement attached

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

ABANDONED LOCATION:
Was location ever built? Yes No
Is site ready for inspection? Yes No
Date Ready for inspection: 8-18-10
 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
Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____
*submit cbl and cement job summaries

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: _____
 Report of Work Done
Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

Intent to Recomplete (submit form 2)
 Change Drilling Plans
 Request to Vent or Flare
 Gross Interval Changed?
 Repair Well
 E&P Waste Disposal
 Casing/Cementing Program Change
 Other: _____
 Rule 502 variance requested
 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

COGCC Approved: _____ Title: _____ Date: _____
CONDITIONS OF APPROVAL, IF ANY:

