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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: _____                           |  | 4. Contact Name _____         |  | Complete the Attachment Checklist<br><br>OP OGCC |  |
| 2. Name of Operator: _____                               |  | Phone: _____                  |  |                                                  |  |
| 3. Address: _____<br>City: _____ State: _____ Zip: _____ |  | Fax: _____                    |  |                                                  |  |
| 5. API Number 05- _____                                  |  | OGCC Facility ID Number _____ |  | Survey Plat                                      |  |
| 6. Well/Facility Name: _____                             |  | 7. Well/Facility Number _____ |  | Directional Survey                               |  |
| 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____     |  |                               |  | Surface Eqpmt Diagram                            |  |
| 9. County: _____                                         |  | 10. Field Name: _____         |  | Technical Info Page                              |  |
| 11. Federal, Indian or State Lease Number: _____         |  |                               |  | 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 <b>Surface</b> Footage <b>from</b> Exterior Section Lines:    |  | FNL/FSL |  | FEL/FWL |                           |
| Change of <b>Surface</b> Footage <b>to</b> Exterior Section Lines:      |  |         |  |         |                           |
| Change of <b>Bottomhole</b> Footage <b>from</b> Exterior Section Lines: |  |         |  |         |                           |
| Change of <b>Bottomhole</b> Footage <b>to</b> Exterior Section Lines:   |  |         |  |         | attach directional survey |

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: \_\_\_\_\_

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  
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  
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.)

|                                                               |                                                      |                                                                    |
|---------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------|
| <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 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: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

CONDITIONS OF APPROVAL, IF ANY: