

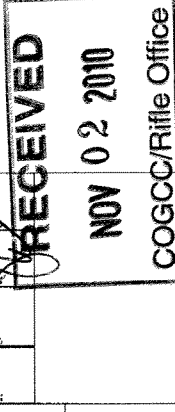


State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)594-2100 Fax: (303)984-2108

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 OGCOC 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. OGCOC Operator Number: 49100	4. Contact Name
2. Name of Operator: Koch Exploration Company	Doug Howard
3. Address: 9777 Pyramid Ct, Ste 210	Phone: 303.325.2562
City: Englewood	State: CO Zip: 80112
	Fax: 303.325.2599
5. API Number: 05-103-10253	OGCOC Facility ID Number
6. Well/Facility Name: Federal	7 Well/Facility Number: 7-29
8. Location (Qtr/Dir Sec Twp Rng Meridian): SWNE, 529, 12N, R97W	
9. County: Rio Blanco	10. Field Name: White River
11. Federal, Indian or State Lease Number: 0100022	

Complete the Attachment Checklist

OP-OGCC

Survey Plat	
Directional Survey	
Surface Equip Diagram	
Technical Info Page	
Other: Recomplete	

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat	(a charge of surface qtr/qr is substantive and requires a new permit)	
	FEU/FSL	
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/Dir Sec Twp Rng Mer		Distance to nearest pdg, public rd, utility or R/R
Latitude		Is location in a High Density Area (rule 603b)?
Longitude		Yes/No
Ground Elevation		Surface owner consultation date
GPS DATA:		
Date of Measurement	PDOP Reading	Instrument/Operator's Name
<input type="checkbox"/> CHANGE SPACING UNIT	Unit Acreage	Unit configuration
Formation	Spacing order number	
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME	NUMBER
Effective Date:	From: To:	
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	Effective Date:	
<input type="checkbox"/> ABANDONED LOCATION:	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS	
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date well shut in or temporarily abandoned	
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Ready for Inspection:	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 (if more 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 type="checkbox"/> Notice of Intent	Approximate Start Date:	
<input type="checkbox"/> 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 checked="" 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: 11/02/2010 Email: howardd@kochind.com
Print Name: Douglas Howard Title: VP Operations
COGCC Approved: Title: EIT-3 Date: 11/5/2010
CONDITIONS OF APPROVAL IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED
NOV 02 2010
COGCC/Rifle Office

1	OGCC Operator Number:	49100	API Number:	05-103-10253
2	Name of Operator:	Koch Exploration Company	OGCC Facility ID #	
3	Well/Facility Name:	Federal	Well/Facility Number:	7-29
4	Location (QtrQtr, Sec, Twp, Rng, Meridian):	SWNE, S29, T2N, R97W		

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

1. MIRU service rig. Bleed off pressure. Remove wellhead and install BOP
2. Pick up casing scraper on tubing and round trip to 4500'
3. Run in well and set 5 1/2" CIPB on wireline at 4500'
4. Fill well and pressure test to 500 psi for 15 minutes
5. Perforate 4269-4243' 2 jspl. 0.36" diameter.
6. Rig up service company and breakdown perfs with 100 bbl slick water frac.
7. Set composite plug at 4000'.
8. Perforate 3878-3900' 2 jspl. 0.36" diameter.
9. Breakdown perfs with 100 bbl slick water frac.
10. If well has flowing pressure, set composite plug at 3800'.
11. Pick up bit with pump off sub. Rig up foam unit, run in well and drill up plug(s)
12. Circulate with foam to clean up well from below bottom perfs
13. Test production rate for 48 hours.
14. Rig down and load out equipment. Clean location