

State of Colorado
Oil and Gas Conservation Commission

1130 Lincoln Street, Suite 901, Denver, Colorado 80202 Phone: (303)894-2100 Fax: (303)894-2139



RECEIVED

JAN 05 2011

COGCC

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 COGCC 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 603c).

Complete the Attachment
Checklist

1. OGCC Operator Number: 47120 4. Contact Name: Kenny Trubek
 2. Name of Operator: Kan-McGee Oil & Gas Onshore LP
 3. Address: P.O. Box 173779 Phone: 720-929-8461
 City: Denver State: CO Zip: 80217-3779 Fax: 720-929-7461
 5. API Number: 05-123-32316 OGCC Facility ID Number: _____ Survey Plat: _____
 6. Well/Facility Name: REI 7. Well/Facility Number: 31-5H2 Directional Survey: _____
 8. Location (Ob/Ch, Sec, Twp, Rng, Meridian): SESE Sec 5-T3N-R56W 8th P.M. Surface Ego/Mt Diagram: _____
 9. County: Weld 10. Field Name: Wattenberg Technical Info Page: _____
 11. Federal, Indian or State Lease Number: _____ Other: _____

OP OGCC

General Notice

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

	PL/SL	PL/SL	PL/SL	PL/SL
Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Ob/Ch, 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 603c)? Yes/No
 Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

Attach directional survey

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 NUMBER
 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
 Well shut in or temporarily abandoned:
 Has Production Equipment been removed from site? Yes No
 NIT required if shut in longer than two years. Date of last NIT: _____

SPUD DATE: _____ REQUEST FOR CONFIDENTIAL STATUS (tick box from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK "submit oil and cement job summaries"
 Method used: _____ Cementing tool setting/perf depth: _____ Cement volume: _____ Cement top: _____ Cement bottom: _____ Date: _____

RECLAMATION: Attach technical paper 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 Inset: 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"/> Inset to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> ESP Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of ESP Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 512 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: Kenny Trubek Date: 1/5/11 Email: DJRegulatory@renewdenco.comPrint Name: Kenny Trubek Title: Regulatory Analyst IICOGCC Approval: Dorel S. Nash Title: SEEP Date: 1/14/11

CONDITIONS OF APPROVAL, IF ANY: