



Signature

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.)

RECEIVED  
JAN 31 2011  
OGCC/Rifle Office

1. OGCC Operator Number: 97730	4. Contact Name: David Wyman	Complete the Attachment Checklist
2. Name of Operator: Louis Wyman	David Wyman	
3. Address: 4600 E Hwy 40 City: Craig State: Co Zip: 81625	Phone: 970-701-9388 Fax:	
5. API Number 05-107-06038	OGCC Facility ID Number 232624	Survey Plat
6. Well/Facility Name: Federal	7. Well/Facility Number 42-33	Directional Survey
8. Location (Qtr/Ctr, Sec, Twp, Rng, Meridian): SENE 33 4N 89W 6		Surface Eqmnt Diagram
9. County: Routt	10. Field Name:	Technical Info Page
11. Federal, Indian or State Lease Number: 48560		Other

General Notice

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

Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	FNL/FSL <input type="checkbox"/>	FEL/FWL <input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<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"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> attach directional survey

Bottomhole location Qtr/Ctr, Sec, Twp, Rng, Mer \_\_\_\_\_  
 Latitude 40.27445 Distance to nearest property line \_\_\_\_\_ Distance to nearest bldg, public rd, utility or RR \_\_\_\_\_  
 Longitude 107.40115 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 9/30/10 PDOP Reading 3 Instrument Operator's Name David Wyman

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  
 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 \*submit cbl and cement job summaries

Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date

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: David L Wyman Date: 1/31/11 Email: brokenbox6431@yahoo.com  
Print Name: David L Wyman Title: Manager

OGCC Approved: [Signature] Title: ETT3 Date: 2/1/2011  
CONDITIONS OF APPROVAL, IF ANY: