

State of Colorado
Oil and Gas Conservation C

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



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
COGCC/Rifle Office

1. OGCC Operator Number: 97730		4. Contact Name: David Wyman	
2. Name of Operator: Louis Wyman		Phone: 970-701-9388	
3. Address: 4600 E Hwy 40		Fax:	
City: Craig	State: Co	Zip: 81625	
5. API Number 05-107-05020		OGCC Facility ID Number 232456	
6. Well/Facility Name: Pagoda Unit		7. Well/Facility Number T55-34G	
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NWSE 34 4N 89W 6			
9. County: Routt		10. Field Name:	
11. Federal, Indian or State Lease Number: 48456			

Complete the Attachment Checklist

OP OGCC

Survey Plat	
Directional Survey	
Surface Eqpm Diagram	
Technical Info Page	
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 Surface Footage from Exterior Section Lines: ☐ FNL/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: ☐ attach directional survey

Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer

Latitude 40.27194 Distance to nearest property line Distance to nearest bldg, public rd, utility or R/R

Longitude 107.37326 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

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 for Spills and Releases
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other:	

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

COGCC Approved: [Signature] Title: EIT 3 Date: 2/1/11

CONDITIONS OF APPROVAL, IF ANY: