

**State of Colorado**  
**Oil and Gas Conservation Commission**  
**SUNDRY NOTICE**

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



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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: 53650	4. Contact Name Anna Walls
2. Name of Operator: Marathon Oil Company	Phone: (713) 296-3468
3. Address: 5555 San Felipe St, Mailstop 35:02	Fax: (713) 513-4394
City: Houston State: Texas Zip 77056-2701	
5. API Number 05- 123-33198	OGCC Facility ID Number
6. Well/Facility Name: Crow Valley 7-62-32	7. Well/Facility Number 1M
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NE-SE-32-7N-62W-6th P.M.	
9. County: Weld	10. Field Name: Wildcat
11. Federal, Indian or State Lease Number:	

Complete the Attachment Checklist	OP	OGCC
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**General Notice**

<input type="checkbox"/> <b>CHANGE OF LOCATION:</b>	<b>Attach New Survey Plat</b> (a change of surface qtr/qtr is substantive and requires a new permit)
Change of <b>Surface</b> Footage from Exterior Section Lines:	FNL/FSL <input type="checkbox"/> FEL/FWL <input type="checkbox"/>
Change of <b>Surface</b> Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of <b>Bottomhole</b> Footage from Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Change of <b>Bottomhole</b> Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/>
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer	<input type="checkbox"/> <input type="checkbox"/> attach <b>directional survey</b>
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 <input type="checkbox"/>
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
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☐ **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: \_\_\_\_\_

**NUMBER**

☐ **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
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☐ **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.

☐ **Notice of Intent**

Approximate Start Date: \_\_\_\_\_

☐ **Report of Work Done**

Date Work Completed: \_\_\_\_\_

**Technical Engineering/Environmental Notice**

**Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)**

☐ Intent to Recomplete (submit form 2)

☐ Change Drilling Plans

☐ Gross Interval Changed?

☒ Casing/Cementing Program Change

☐ Request to Vent or Flare

☐ Repair Well

☐ Rule 502 variance requested

☐ Other: \_\_\_\_\_

☐ E&P Waste Disposal

☐ Beneficial Reuse of E&P Waste

☐ Status Update/Change of Remediation Plans

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: Anna Walls

Date: 10/3/2011 Email: [awwalls@marathonoil.com](mailto:awwalls@marathonoil.com)

Print Name: Anna Walls

Title: Reg. Compliance Tech

COGCC Approved: \_\_\_\_\_

Title \_\_\_\_\_

Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

FORM  
4  
Rev 12/05

## TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 53650 API Number: 123-33198
2. Name of Operator: Marathon Oil Company OGCC Facility ID #
3. Well/Facility Name: Crow Valley 7-62-32 Well/Facility Number: 1M
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESE-32-7N-62W

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**

Marathon respectfully requests approval of Confidential Status. Casing was set on 6/10/2011.