

State of Colorado



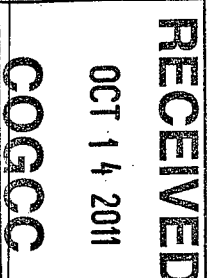
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Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)994-2100 Fax: (303)994-2109

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).

Complete the Attachment
Checklist

OP OGCC

1. OGCC Operator Number: 46290	4. Contact Name	Sherry Glass
2. Name of Operator: K. P. Kauffman Company, Inc.	Phone: 303-825-4822	
3. Address: 1675 Broadway, Ste. 2800	Fax:	
City: Denver State: CO Zip: 80202		
5. API Number 05- 123-32872	OGCC Facility ID Number	
6. Well/Facility Name: NRC	7. Well/Facility Number 9-9-15H	Survey Plat
8. Location (Qtr/Ctr, Sec, Twp, Rng, Meridian): NESW section 9-T1N-R67W, 6th PM	Surface Equip't Diagram	
9. County: Weld	10. Field Name: Spindle	Technical Info Page
11. Federal, Indian or State Lease Number:	Other	

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/cr is substantive and requires a new permit)	Full/FSL	FEL/FWL
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/Ctr, Sec, Twp, Rng, Mer	Distance to nearest property line	Distance to nearest bldg, public rd, utility or RR
Latitude	Distance to nearest lease line	Is location in a High Density Area (rule 603b)?
Longitude	Distance to nearest well same formation	Surface owner consultation date:
Ground Elevation		Yes/No
GPS DATA:	PDOP Reading	Instrument Operator's Name
Date of Measurement		
<input type="checkbox"/> CHANGE SPACING UNIT	Formation	Formation Code
	Spacing order number	Unit Acreage
		Unit configuration
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	Effective Date:	From:
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	To:	
	Effective Date:	
<input type="checkbox"/> ABANDONED LOCATION:		
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS	
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date well shut in or temporarily abandoned:	
Date Ready for Inspection:	Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	MIT required if shut in longer than two years. Date of last MIT:	
<input type="checkbox"/> SPUD DATE: 4-30-11	<input checked="" type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)	
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK	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	<input type="checkbox"/> Report of Work Done
Approximate Start Date:	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"/> Change Drilling Plans	<input type="checkbox"/> Repair Well
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other:
	<input type="checkbox"/> E&P Waste Disposal
	<input type="checkbox"/> Beneficial Reuse of E&P Waste
	<input type="checkbox"/> 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: Sherry Glass

Date: 10-13-11

Email: sglass@kpk.com

Print Name: Sherry Glass

Title: Engineering Technician

COGCC Approved: David S. Meakin

Title:

Sgt Date: 10/20/11

CONDITIONS OF APPROVAL, IF ANY: