



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
OCT 14 2011
COGCC
Complete the Attachment
Checklist
OP OGCC

1. OGCC Operator Number: 46290	4. Contact Name Sherry Glass	Survey Plat	
2. Name of Operator: K. P. Kauffman Company, Inc.	Phone: 303-825-4822	Directional Survey	
3. Address: 1675 Broadway, Ste. 2800 City: Denver State: CO Zip: 80202	Fax:	Surface Eqprt Diagram	
5. API Number 05- 123-32872	OGCC Facility ID Number	Technical Info Page	
6. Well/Facility Name: NRC	7. Well/Facility Number 9-9-15H	Other	
8. Location (Qtr/Clr, Sec, Twp, Rng, Meridian): NESW section 9-11N-R67W, 6th PM	10. Field Name: Spindale		
9. County: Weld			
11. Federal, Indian or State Lease Number:			

General Notice

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

Change of Surface Footage from Exterior Section Lines: FUL/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:

Bottomhole location Qtr/Clr, 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)? Yes/No

Longitude _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

Ground Elevation _____

GPS DATA: _____ PPOP Reading _____ Instrument Operator's Name _____

CHANGE SPACING UNIT

Formation	Formation Code	Spacing order number	Unit Acreage	Unit configuration	<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached
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CHANGE OF OPERATOR (prior to drilling):

Effective Date: _____ From: _____ To: _____

Plugging Bond: Blanket Individual 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: 4-30-11

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 db 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
<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: Sherry Glass Date: 10-13-11 Email: sglass@kpk.com

Print Name: Sherry Glass Title: Engineering Technician

COGCC Approved: David S. Perkins Title: _____ Date: 10/20/11

CONDITIONS OF APPROVAL, IF ANY: _____