



Table with 4 columns: DE, ET, OE, ES

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.)

Form with fields for: 1. OGCC Operator Number, 2. Name of Operator, 3. Address, 4. Contact Name, 5. API Number, 6. Well/Facility Name, 7. Well/Facility Number, 8. Location, 9. County, 10. Field Name, 11. Federal, Indian or State Lease Number. Includes checkboxes for Survey Plat, Directional Survey, Surface Eqpmt Diagram, Technical Info Page, Other.

General Notice

General Notice section with checkboxes for: CHANGE OF LOCATION, CHANGE SPACING UNIT, CHANGE OF OPERATOR, CHANGE WELL NAME, ABANDONED LOCATION, NOTICE OF CONTINUED SHUT IN STATUS, SPUD DATE, REQUEST FOR CONFIDENTIAL STATUS, SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK, RECLAMATION.

Technical Engineering/Environmental Notice

Technical Engineering/Environmental Notice section with checkboxes for: Notice of Intent, Report of Work Done, Intent to Recomplete, Request to Vent or Flare, E&P Waste Disposal, Change Drilling Plans, Repair Well, Beneficial Reuse of E&P Waste, Gross Interval Changed, Rule 502 variance requested, Status Update/Change of Remediation Plans, Casing/Cementing Program Change, Other.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: _____ Email: _____
Print Name: _____ Title: _____

COGCC Approved: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

| | |
|--|-----------------------------|
| 1. OGCC Operator Number: _____ | API Number: _____ |
| 2. Name of Operator: _____ | OGCC Facility ID # _____ |
| 3. Well/Facility Name: _____ | Well/Facility Number: _____ |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____ | |

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**