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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.)

1. OGCC Operator Number: _____		4. Contact Name _____		Complete the Attachment Checklist OP OGCC	
2. Name of Operator: _____		Phone: _____			
3. Address: _____ City: _____ State: _____ Zip: _____		Fax: _____			
5. API Number 05- _____		OGCC Facility ID Number _____		Survey Plat	
6. Well/Facility Name: _____		7. Well/Facility Number _____		Directional Survey	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____				Surface Eqpmt Diagram	
9. County: _____		10. Field Name: _____		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/qtr is substantive and requires a new permit)			
	FNL/FSL	FEL/FWL	
Change of Surface Footage from Exterior Section Lines:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Change of Surface Footage to Exterior Section Lines:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="text"/>	<input type="text"/>	<input type="text"/> attach directional survey
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer _____			
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="text"/>
Ground Elevation _____	Distance to nearest well same formation _____		Surface owner consultation date: _____
GPS DATA:			
Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____			
<input type="checkbox"/> CHANGE SPACING UNIT			<input type="checkbox"/> Remove from surface bond
Formation	Formation Code	Spacing order number	Signed surface use agreement attached
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):		<input type="checkbox"/> CHANGE WELL NAME	
Effective Date: _____		From: _____	
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual		To: _____	
		Effective Date: _____	
<input type="checkbox"/> ABANDONED LOCATION:		<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS	
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date well shut in or temporarily abandoned: _____	
Is site ready for Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Ready for Inspection: _____		MIT required if shut in longer than two years. Date of last MIT _____	
<input type="checkbox"/> SPUD DATE: _____		<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)	
<input type="checkbox"/> 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/> 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: _____	Date: _____	Email: _____
Print Name: _____	Title: _____	

COGCC Approved: _____	Title: _____	Date: _____
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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