



RECEIVED JAN 26 2012 COGCC

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: 46290
2. Name of Operator: K. P. Kauffman Company, Inc.
3. Address: 1675 Broadway, Ste 2800
4. Contact Name: Susana Lara-Mesa
5. API Number: 05-123-11391
6. Well/Facility Name: Strong
7. Well/Facility Number: #1-7
8. Location: NESE 22 5N 66W 6PM
9. County: Weld
10. Field Name: Wattenberg

Complete the Attachment Checklist
Survey Plat
Directional Survey
Surface Eqpm Diagram
Technical Info Page
Other: Wilcox drc 2287093

General Notice

CHANGE OF LOCATION: Attach New Survey Plat
CHANGE SPACING UNIT
CHANGE OF OPERATOR (prior to drilling):
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: Attach technical page describing final reclamation procedures per Rule 1004.

Technical Engineering/Environmental Notice

Notice of Intent
Approximate Start Date: 02-16-12
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: Susana Lara-Mesa Date: 1-12-2012 Email: slaramesa@kpk.com
Print Name: Susana Lara-Mesa Title: Engineering Project Manager

COGCC Approved: [Signature] Title: [Signature] Date: 01/14/12
CONDITIONS OF APPROVAL, IF ANY:

Prior to recompleting, operator must: 1) Verify existing cement above the Niobrara, across the Shannon and across the Fox Hills Aquifer with a cement bond log. 2) If it is not present as follows, provide remedial cement across and to 200' above Niobrara (minimum top of cement 6660'), across the Shannon from 5100' to 4650' and across the Fox Hills from 560' to 50' within the surface casing shoe. Verify all remedial cement coverage with cement bond log.

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**