



State of Colorado

Regulation Commission

02287092

80203 Phone: (303)894-2100 Fax:(303)894-2109



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.)

Complete the Attachment  
Checklist

OP OGCC

1. OGCC Operator Number: 46290  
2. Name of Operator: K. P. Kauffman Company, Inc.  
3. Address: 1675 Broadway, Ste 2800  
City: Denver State: CO Zip: 80202  
4. Contact Name  
Susana Lara-Mesa  
Phone: (303) 825-4822  
Fax: (303) 825-4825  
5. API Number 05- 123-11391  
6. Well/Facility Name: Strong  
7. Well/Facility Number #1-7  
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NESE 22 5N 66W 6PM  
9. County: Weld  
10. Field Name: Wattenberg  
11. Federal, Indian or State Lease Number:

Survey Plat		
Directional Survey		
Surface Eqpm Diagram		
Technical Info Page	✓	✓
Other	willcox dca	2287093

## 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)
Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>
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
Ground Elevation	Distance to nearest well same formation	Surface owner consultation date:

## GPS DATA:

Date of Measurement PDOP Reading Instrument Operator's Name

☐ CHANGE SPACING UNIT

Formation	Formation Code	Spacing order number	Unit Acreage	Unit configuration

☐ Remove from surface bond

Signed surface use agreement attached

☐ CHANGE OF OPERATOR (prior to drilling):Effective Date:  
Plugging Bond: ☐ Blanket ☐ Individual☐ CHANGE WELL NAMEFrom: NUMBER  
To:  
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 STATUSDate 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:☐ REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)☐ 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	Cement bottom	Date

☐ 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: 02-16-12

☐ Report of Work Done

Date Work Completed:

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

☒ Intent to Recomplete (submit form 2)☐ Change Drilling Plans☒ Gross Interval Changed?☐ Casing/Cementing Program Change☐ 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:

Date: 1-12-2012

Email: slaramesa@kpk.com

Print Name:

Susana Lara-Mesa

Title: Engineering Project Manager

COGCC Approved:

Title:

ATTN

Date:

2/14/12

CONDITIONS OF APPROVAL, IF ANY:

Prior to recomplete, 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