



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 803b.)

1. OGCC Operator Number: 10150	4. Contact Name: Jessica Donahue	Complete the Attachment Checklist OP OGCC
2. Name of Operator: Black Hills Plateau Production, LLC	Address: 350 Indiana St, Suite 400 City: Golden State: CO Zip: 80401	
3. Address: 350 Indiana St, Suite 400 City: Golden State: CO Zip: 80401	Phone: (720) 210-1333 Fax: (720) 210-1363	
5. API Number 05-077-08445	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Nichols	7. Well/Facility Number: 1-29	Directional Survey
8. Location (Qtr/Sec, Twp, Rng, Meridian): NWSW 29 10S 95W 6th PM		Surface Eqmpt Diagram
9. County: Mesa	10. Field Name: Plateau - 69300	Technical Info Page
11. Federal, Indian or State Lease Number:		Other

General Notice

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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Sec, Twp, Rng, Mer: _____ attach directional survey

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 NAME NUMBER
From: _____
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 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: _____ 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: _____ 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: J. Donahue Date: 12/3/08 Email: jdonahue@bhep.com
Print Name: Jessica Donahue Title: Regulatory Technician

COGCC Approved: [Signature] Title: NWAE Date: 10/18/12

CONDITIONS OF APPROVAL, IF ANY:



GENERAL RELEASE

State: Colorado
County: Mesa
Owner: Nichols Family Partnership, LLLP.
P. O. Box 68
Molina, CO 81646
Operator: Black Hills Plateau Production, LLC
350 Indiana Street
Suite 400
Golden, CO 80401
Dated: May 21, 2008

For adequate consideration, the receipt and sufficiency of which is acknowledged, Owner, named above, hereby, releases Operator, named above, and all of Operator's officers, directors, agents, employees, personal representatives, agents, contractors, subcontractors, affiliates and causes of action of any nature or kind which have arisen or may later arise by reason of any and all damages or injuries caused by Operator's operations from the Nichols 1-29 well situated on the following lands in the county and state named above:

TOWNSHIP 10 SOUTH, RANGE 95 WEST, 6TH P.M.
Section 29: NW $\frac{1}{4}$ SW $\frac{1}{4}$

This Release shall be construed as a covenant running with the lands described, and shall be binding on the heirs, executors, administrators, successors and assigns of Owner.

Signed this 21 day of May, 2008

Owner:

Charles N. Nichols, Jr. - Nichols Family Partnership, LLLP