

REM #7275



SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information 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 international copy of all sundry notices wells located in High Density Areas to the Local Government Ordinance (Rule 603b)

RECEIVED
APR 18 2013
COGCC

1. OGCC Operator Number: 97730	4. Contact Name: David L Wyman
2. Name of Operator: Louis M Wyman	Phone: 970-701-9388
3. Address: 4600 E Hwy 40	City: Craig State: CO Zip: 81625
5. API Number: 05-107-0502.1	OGCC Facility ID Number: []
6. Well/Facility Name: Pagoda	7. Well/Facility Number: 33-34P
8. Location (City, Sec, Twp, Rng, Meridian): SENW 34 4N 89W 6 PM	Survey Plat: []
9. County: Routt	10. Field Name: Pagoda - 67200
11. Federal, Indian or State Lease Number: 48546	Directional Survey: []
	Surface Egrnd Diagram: []
	Technical Info Page: []
	Other: []

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface plat is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines: FNL/FSL FEL/FAR

Change of Surface Footage to Exterior Section Lines:

Change of Bottomhole Footage from Exterior Section Lines:

Change of Bottomhole Footage to Exterior Section Lines: attach directional survey

Bottomhole location City, Sec, Twp, Rng, Mer: _____

Latitude: 40.275508 Distance to nearest property line: _____ Distance to nearest bldg, public rd, utility or PR: _____

Longitude: 107.378587 Distance to nearest lease line: _____ Is location in a High Density Area (rule 603b)? Yes No

Ground Elevation: 7872 Distance to nearest well same formation: _____ Surface owner consultation date: _____

GPS DATA:
Date of Measurement: 11/5/12 PDOP Reading: 5 Instrument Operator's Name: David L Wyman

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 (if yes from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries
Method used: _____ Cementing tool setting/depth: _____ Cement volume: _____ Cement top: _____ Cement bottom: _____ Date: _____

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1904.
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.)

Intent to Recomplete (submit form 2) Request to Vent or Flare EAP Waste Disposal

Change Drilling Plans Request Well Beneficial Reuse of ESP Waste

Gross Interval Changed? Rule 502 variances requested Status Update/Change of Remediation Plans for Spills and Releases

Casing/Cementing Program Change Other: COA's for form 27

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

Signed: David L Wyman Date: 4/16/13 Email: brokenbox6431@yahoo.com
Print Name: David L Wyman Title: Manager

COGCC Approved: ACE for Alex Fischer W. Colo EPS Date: 4/29/2013
CONDITIONS OF APPROVAL, IF ANY: Supervisor

FORM
4
Rev 12/05

Page 2

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

- | | |
|--|------------------------------|
| 1. OGCC Operator Number: 97730 | API Number: 107-05021 |
| 2. Name of Operator: Louis M Wyman | OGCC Facility ID # |
| 3. Well/Facility Name: Pagoda | Well/Facility Number: 33-34P |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENW 34 4N 89W 6 PM | |

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**

North Pit sample location: 40.275431
107.378551
Elevation 7868'
Sample depth 4"-12"

South Pit sample location: 40.275381
107.378641
Elevation 7868'
Sample depth 4"-12"

PODP Reading -5
By: David Wyman on 11/5/12