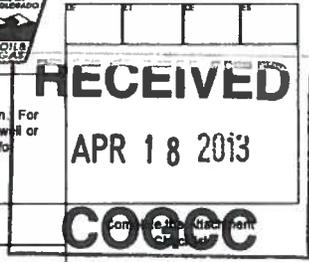


REM # 7276



DOCUMENT
#2232888



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: 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	Fax:
5. API Number 05-107-06038	OGCC Facility ID Number
6. Well/Facility Name: Federal	7. Well/Facility Number: 42-33
8. Location (Qtr/Clr, Sec, Twp, Rng, Meridian): SENE 33 4N 89W 6 PM	10. Field Name: Pagoda - 67200
9. County: Routt	11. Federal, Indian or State Lease Number: 48560

Survey Plat	
Directional Survey	
Surface Eqmpt Diagram	
Technical Info Page	
Other	

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qr 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/Clr, Sec, Twp, Rng, Mer

Latitude 40.274442 Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____

Longitude 107.385992 Distance to nearest lease line _____ is location in a High Density Area (rule 603b)? Yes/No

Ground Elevation 7825 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 (6 mos from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK
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 for Spills and Releases
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> 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: [Signature] Date: 4/16/13 Email: brokenbox6431@yahoo.com
Print Name: David L Wyman Title: Manager

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

FORM
4
Rev 12/05

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 97730	API Number: 107-06038
2. Name of Operator: Louis M Wyman	OGCC Facility ID #
3. Well/Facility Name: Federal	Well/Facility Number: 42-33
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE 33 4N 89W 6PM	

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**

Pit sample location: 40.274283
107.388421
Elevation 7814'
Sample depth 4"-12"

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