

REM # 7274

DOCUMENT
#2232891

Page 1
FORM 4
Rev 1/2003

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801 Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2105

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 informational copy of all sundry notices to wells located in High Density Areas to the Local Government Designee (Rule 603b.)

RECEIVED
APR 18 2013
Completing the Attachment
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	Fax:
City: Craig State: CO Zip: 81625	
5. API Number: 05-107-05020	OGCC Facility ID Number:
6. Well/Facility Name: Pagoda	7. Well/Facility Number: T55-34G
8. Location (City, Sec, Twp, Rng, Meridian): SENW 34 4N 85W 6 PM	Survey Plot
9. County: Routt	Directional Survey
10. Field Name: Pagoda - 67200	Surface Esgmt Diagram
11. Federal Indian or State Lease Number: 48546	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: ☐ FULL ☐ PARTIAL

Change of Surface Footage to Exterior Section Lines: ☐ FULL ☐ PARTIAL

Change of Bottomhole Footage from Exterior Section Lines: ☐ FULL ☐ PARTIAL

Change of Bottomhole Footage to Exterior Section Lines: ☐ FULL ☐ PARTIAL

Bottomhole location City, Sec, Twp, Rng, Mer

Latitude: 40.271800 Distance to nearest property line: Distance to nearest bldg, public rd, utility or RR

Longitude: 107.373339 Distance to nearest lease line: Is location in a High Density Area (rule 603b)? Yes/No

Ground Elevation: 8084' Distance to nearest well casing termination: 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:**
Has 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 area from date casing set)

☐ **SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK** (submit col 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 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 Flow	<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 602 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: David L Wyman Date: 4/16/13 Email: brokenbox6431@yahoo.com
Print Name: David L Wyman Title: Manager

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



Page 2

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 97730 API Number: 107-05020
2. Name of Operator: Louis M Wyman OGCC Facility ID # _____
3. Well/Facility Name: Pagoda Well/Facility Number: T55-34G
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE 34 4N 89W 8 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: 40.271758
107.373308
Elevation 8082'
Sample depth 4"-12"

South Pit sample location: 40.271828
107.373661
Elevation 8088'
Sample depth 4"-12"

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