

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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|--------------------------------------|----|----|----|
| DE | ET | OE | ES |
| Document Number: 400592237 | | | |
| Date Received: 04/18/2014 | | | |

SUNDRY NOTICE

Submit a signed original. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full in Comments or provide as an attachment. Identify Well by API Number; identify Oil and Gas Location by Location ID Number; identify other Facility by Facility ID Number.

OGCC Operator Number: 10261 Contact Name Meagan Miller
 Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION LLC Phone: ()
 Address: 730 17TH ST STE 610 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: mmiller@bayswater.us

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 11929 00 OGCC Facility ID Number: 244136
 Well/Facility Name: OWL CREEK Well/Facility Number: 7
 Location QtrQtr: NESE Section: 5 Township: 6N Range: 64W Meridian: 6
 County: WELD Field Name: WATTENBERG
 Federal, Indian or State Lease Number: 28300

| | | |
|---------------------|--|--|
| Survey Plat | | |
| Directional Survey | | |
| Srvc Eqpmt Diagram | | |
| Technical Info Page | | |
| Other | | |

CHANGE OF LOCATION OR AS BUILT GPS REPORT

- Change of Location * As-Built GPS Location Report As-Built GPS Location Report with Survey

* Well location change requires new plat. A substantive surface location change may require new Form 2A.

SURFACE LOCATION GPS DATA Data must be provided for Change of Surface Location and As Built Reports.

Latitude _____ PDOP Reading _____ Date of Measurement _____
 Longitude _____ GPS Instrument Operator's Name _____

LOCATION CHANGE (all measurements in Feet)

Well will be: _____ (Vertical, Directional, Horizontal)

Change of **Surface Footage From** Exterior Section Lines:

Change of **Surface Footage To** Exterior Section Lines:

Current **Surface Location From** QtrQtr NESE Sec 5

New **Surface Location To** QtrQtr _____ Sec _____

Change of **Top of Productive Zone Footage From** Exterior Section Lines:

Change of **Top of Productive Zone Footage To** Exterior Section Lines:

Current **Top of Productive Zone Location From** Sec _____

New **Top of Productive Zone Location To** Sec _____

Change of **Bottomhole Footage From** Exterior Section Lines:

Change of **Bottomhole Footage To** Exterior Section Lines:

Current **Bottomhole Location** Sec _____ Twp _____

New **Bottomhole Location** Sec _____ Twp _____

Is location in High Density Area? _____

Distance, in feet, to nearest building _____, public road: _____, above ground utility: _____, railroad: _____,
 property line: _____, lease line: _____, well in same formation: _____

Ground Elevation _____ feet Surface owner consultation date _____

| FNL/FSL | | FEL/FWL | |
|---------------|------------------|-------------------|------------|
| <u>2006</u> | <u>FSL</u> | <u>671</u> | <u>FEL</u> |
| _____ | _____ | _____ | _____ |
| Twp <u>6N</u> | Range <u>64W</u> | Meridian <u>6</u> | |
| Twp _____ | Range _____ | Meridian _____ | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Twp _____ | Range _____ | | |
| Twp _____ | Range _____ | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**

**

** attach deviated drilling plan

Comments:

Interim Reclamation was performed by the previous operator prior to the acquisition of the location by Bayswater. The reclamation start date is approximately 5 months after the spud date due to lack of records by the previous operator. Bayswater is in the process of maintaining the location to meet Rule 1003.e. requirements. Once vegetative cover and weed control requirements are met, a Form 4 Sundry Notice will be submitted to COGCC documenting the completion of Interim Reclamation.

ENGINEERING AND ENVIRONMENTAL WORK

NOTICE OF CONTINUED TEMPORARILY ABANDONED STATUS

Indicate why the well is temporarily abandoned and describe future plans for utilization in the COMMENTS box below or provide as an attachment, as required by Rule 319.b.(3).

Date well temporarily abandoned _____ Has Production Equipment been removed from site? _____

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT _____

SPUD DATE: _____

TECHNICAL ENGINEERING AND ENVIRONMENTAL WORK

Details of work must be described in full in the COMMENTS below or provided as an attachment.

NOTICE OF INTENT Approximate Start Date _____

REPORT OF WORK DONE Date Work Completed _____

- Intent to Recomplete (Form 2 also required)
- Change Drilling Plan
- Gross Interval Change
- Other _____
- Request to Vent or Flare
- Repair Well
- Rule 502 variance requested. Must provide detailed info regarding request.
- Status Update/Change of Remediation Plans for Spills and Releases
- E&P Waste Mangement Plan
- Beneficial Reuse of E&P Waste

COMMENTS:

CASING AND CEMENTING CHANGES

| Casing Type | Size | Of | / | Hole | Size | Of | / | Casing | Wt/Ft | Csg/LinTop | Setting Depth | Sacks of Cement | Cement Bottom | Cement Top |
|-------------|------|----|---|------|------|----|---|--------|-------|------------|---------------|-----------------|---------------|------------|
| | | | | | | | | | | | | | | |

H2S REPORTING

Data Fields in this section are intended to document Sample and Location Data associated with the collection of a Gas Sample that is submitted for Laboratory Analysis.

Gas Analysis Report must be attached.

H2S Concentration: _____ in ppm (parts per million) Date of Measurement or Sample Collection _____

Description of Sample Point:

Absolute Open Flow Potential _____ in CFPD (cubic feet per day)

Description of Release Potential and Duration (If flow is not open to the atmosphere, identify the duration in which the container or pipeline would likely be opened for servicing operations.):

Distance to nearest occupied residence, school, church, park, school bus stop, place of business, or other areas where the public could reasonably be expected to frequent: _____

Distance to nearest Federal, State, County, or municipal road or highway owned and principally maintained for public use: _____

COMMENTS:

| <u>Best Management Practices</u> | | |
|---|----------------------------|---------------------------|
| <u>No</u> | <u>BMP/COA Type</u> | <u>Description</u> |
| | | |

Operator Comments:

[Empty box for Operator Comments]

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

Signed: _____ Print Name: James Ford
Title: Staff Professional I Email: jford@kleinfelder.com Date: 4/18/2014

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: WESTERDALE, BARBARA Date: 5/2/2014

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

| | |
|--|---|
| | <p>PER RULE 1003.e.(3) OPERATOR SHALL SUBMIT SUNDRY NOTICE REPORTING SITE IS READY FOR INTERIM RECLAMATION INSPECTION WHEN VEGETATION REACHES 80% COVERAGE.</p> <p>Approval of this Sundry Notice does not constitute approval of Interim Reclamation. Interim Reclamation will be approved by the field inspection conducted after submittal of another Sundry Notice reporting vegetation has reached 80% coverage and site is ready for inspection of Interim Reclamation.</p> |
|--|---|

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|--------------------------|-----------------------|----------------------------|
| | | |

Total: 0 comment(s)

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|---------------------------|--------------------|
| 400592237 | FORM 4 SUBMITTED |

Total Attach: 1 Files