



OGCC RECEPTION Receive Date: Document Number:

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: Contact Person: Company Name: Phone: Address: Fax: City: State: Zip: Email:

API #: Facility ID: Location ID: Facility Name: Sec: Twp: Range: QtrQtr: Lat: Long:

NOTICE OF HYDRAULIC FRACTURING TREATMENT - 48-hour notice required Date of Treatment: Time: (HH:MM)

NOTICE OF SPUD - 48-hour notice required Surface Hole Spud ONLY Spud Date: Time: (HH:MM) Rig Name:

NOTICE OF CONSTRUCTION OF A NEW LOCATION OR MAJOR CHANGE - 48-hour notice required Start Date:

NOTICE TO RUN AND CEMENT CASING - 24-hour notice Start Date: Time: (HH:MM) String:

FORMATION INTEGRITY TEST - 24-hour notice Test Date: Time: (HH:MM)

MECHANICAL INTEGRITY TEST - 10-DAY NOTICE Test Date: Time: (HH:MM) Underground Injection Control(UIC) Well?

BRADENHEAD TEST - 48-hour Notice Test Date: Time: (HH:MM)

BLOW OUT PREVENTER TEST - 24-Hour notice Test Date: Time: (HH:MM)

SITE READY FOR RECLAMATION INSPECTION :

PIT LINER INSTALLATION - 48-hour notice Install Date:

SIGNIFICANT LOST CIRCULATION – Notify within 24 hours, report mud losses in excess of 100 barrels which require shutdown of operations for an hour or longer to pump lost circulation material and rebuild pit volume

Date of Lost Circulation: _____ Time: _____ (HH:MM)
Measure Depth: _____ (feet) Mud Volume Lost: _____ (bbl)
Significant Kick Ensued? _____

A Form 23 (Well Control Report) is required for Significant Kicks within 15 days. A significant kick shall be defined as one that is managed by shutting in the well to circulate out the kick or that is managed by going on choke and requiring an increase in mud weight exceeding 3/10ths of one pound per gallon to control.

NOTICE OF HIGH BRADENHEAD PRESSURE DURING STIMULATION – Notify within 24 hours when bradenhead pressure increases more than 200 psig during stimulation. This satisfies Rule 341 verbal notification requirements. Submit a follow-up Form 4 within 15 days.

Date and time of High Bradenhead Pressure: _____ Time: _____ (HH:MM)

OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)

Describe Permit Condition: _____
Date: _____ Time: _____ (HH:MM)

NOTICE OF INSPECTION CORRECTIVE ACTIONS PERFORMED

Corrective Actions required by field inspection document # _____ have been performed on _____
Site is ready for re-inspection.

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: _____ Email: _____
Signature: DB Windsor Title: _____ Date: _____