

**State of Colorado**  
**Oil and Gas Conservation Commission**

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



|                                      |    |    |    |
|--------------------------------------|----|----|----|
| DE                                   | ET | OE | ES |
| Document Number:<br><u>400744280</u> |    |    |    |
| Date Received:<br><u>12/03/2014</u>  |    |    |    |

**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: 10459 Contact Name KALEB ROUSH  
 Name of Operator: EXTRACTION OIL & GAS LLC Phone: (720) 557-8322  
 Address: 1888 SHERMAN ST #200 Fax: ( )  
 City: DENVER State: CO Zip: 80203 Email: KROUSH@EXTRACTIONOG.COM

Complete the Attachment  
Checklist  
  
OP OGCC

API Number : 05- 123 37044 00 OGCC Facility ID Number: 432259  
 Well/Facility Name: HINER Well/Facility Number: 36C-24W  
 Location QtrQtr: NENE Section: 36 Township: 6N Range: 66W Meridian: 6  
 County: WELD Field Name: WATTENBERG  
 Federal, Indian or State Lease Number: \_\_\_\_\_

|                     |  |  |
|---------------------|--|--|
| Survey Plat         |  |  |
| Directional Survey  |  |  |
| Srfc 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 40.449140 PDOP Reading 1.4 Date of Measurement 11/26/2014  
 Longitude -104.719081 GPS Instrument Operator's Name BART PFEIFER

**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 NENE Sec 36

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 36

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 36 Twp 6N

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>1044</u>   | <u>FNL</u>       | <u>901</u>        | <u>FEL</u> |
| _____         | _____            | _____             | _____      |
| Twp <u>6N</u> | Range <u>66W</u> | Meridian <u>6</u> |            |
| Twp _____     | Range _____      | Meridian _____    |            |
| <u>2648</u>   | <u>FNL</u>       | <u>460</u>        | <u>FEL</u> |
| _____         | _____            | _____             | _____      |
| Twp <u>6N</u> | Range <u>66W</u> |                   |            |
| Twp _____     | Range _____      |                   |            |
| <u>2677</u>   | <u>FNL</u>       | <u>460</u>        | <u>FWL</u> |
| _____         | _____            | _____             | _____      |
| Twp _____     | Range _____      |                   |            |
| Twp _____     | Range _____      |                   |            |

\*\* attach deviated drilling plan



Comments:

**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 \_\_\_\_\_

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

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:

|  |
|--|
|  |
|--|

### Best Management Practices

**No BMP/COA Type**

**Description**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Operator Comments:

THIS SHOULD COMPLETE THE FORM 5 FOR THE WELL WITH THIS API #.

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

Signed: \_\_\_\_\_ Print Name: KALEB ROUSH  
Title: DRILLING TECH Email: KROUSH@EXTRACTIONOG.COM Date: 12/3/2014

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

COGCC Approved: Kosola, Jason Date: 1/22/2015

### CONDITIONS OF APPROVAL, IF ANY:

**COA Type**

**Description**

|  |  |
|--|--|
|  |  |
|--|--|

### General Comments

**User Group**

**Comment**

**Comment Date**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Total: 0 comment(s)

### Attachment Check List

**Att Doc Num**

**Name**

|           |                  |
|-----------|------------------|
| 400744280 | FORM 4 SUBMITTED |
|-----------|------------------|

Total Attach: 1 Files