



**State of Colorado**  
**Oil and Gas Conservation Commission**  
DEPARTMENT OF NATURAL RESOURCES

**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 (back of this form).

RECEIVED  
MAY 31 00  
COGCC

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1. OGCC Operator Number: <b>41385</b>	4. Contact Name & Phone
2. Name of Operator: <b>HS Resources, Inc.</b>	<b>Elaine Rivas</b>
3. Address: <b>3939 Carson Avenue</b>	No: <b>970-330-0614</b>
City: <b>Evans</b> State: <b>CO</b> Zip: <b>80620</b>	Fax: <b>970-330-0431</b>

**Complete the Attachment Checklist**

Oper OGCC

5. API Number: <b>05-123-16840</b>	6. OGCC Lease No: <b>61745</b>
7. Well Name: <b>HSR-OWENS</b>	Number: <b>14-34</b>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <b>SESW Sec 34-T4N-R65W 6th P.M.</b>	
9. County: <b>Weld</b>	10. Field Name: <b>Wattenberg</b>
11. Federal, Indian or State Lease Number:	

Survey Plat		
Directional Survey		
Surface Equipment		
Technical Information Page	<b>x</b>	
Other		

**12. General Notice**

<input type="checkbox"/> Change well name from _____ to _____	Effective Date: _____
<input type="checkbox"/> Change of location from _____	
<input type="checkbox"/> Attach new survey plat to _____	
<input type="checkbox"/> Abandoned Location.	Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was location ever built?	Effective Date: _____
<input type="checkbox"/> Well first shut in or temporarily abandoned	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has production equipment been removed from Site?	Permit No: _____
MIT required if shut in longer than two years. Date of last MIT: _____	
<input type="checkbox"/> Well resumed production on _____	
<input type="checkbox"/> Request for Confidential Status (6 months).	
<input type="checkbox"/> Final reclamation will commence approximately on _____	
<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.	Attach technical page describing final reclamation procedures per Rule 1000c.4.
<input type="checkbox"/> Change of Operator (prior to drilling). Effective Date: _____	Plugging bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual
<input type="checkbox"/> Spud Date _____	

**13. Technical Engineering/Environmental Notice**

<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Report of Work Done	
Approximate Start Date: _____	Date work Completed: <b>5/3/00</b>	
<b>Details of work must be described in full on Technical Information Page (Page 2 must be submitted).</b>		
<input type="checkbox"/> Commingle Zones	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Intent to Recomplete	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Convert Well to Injection (in an Approved Secondary Project)	<input type="checkbox"/> New Pit
<input checked="" type="checkbox"/> Reservoir Stimulation	<input type="checkbox"/> Additional Source Leases for Water Disposal Well	<input type="checkbox"/> Landfarming
<input type="checkbox"/> Perforating/Perfs Added	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases
Gross Interval Changed?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

Print Name: **Elaine Rivas**

Signed: Elaine Rivas

Title: **Operations Tech**

Date: **05/26/00**

OGCC Approved: Bill M. Law

Title: **PE**

Date: **6/20/00**

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE

FOR OGCC USE ONLY

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3. Name of Operator:	HS Resources, Inc.		
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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 thirty (30 days of work) completed as a "subsequent" report and must accompany Form 4, Page 1.

6.

DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Codell	Refrac
5/1/00	Reperf Codell formation from 7090' - 7100'
5/3/00	Refractured the Codell formation with: 6460 # 100 mesh 261280 # 20/40 mesh 88914 gal. gelled fluid
	Returned well to NBCSX production.