

**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: <b>401388301</b>			
Date Received: <b>08/26/2017</b>			

**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: 10234 Contact Name Larry Manikowski  
 Name of Operator: BAYHORSE PETROLEUM LLC Phone: (801) 913-1640  
 Address: 2558 E PORTSMOUTH AVENUE Fax: ( )  
 City: SALT LAKE CITY State: UT Zip: 84121 Email: lfmanski@aol.com

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 061 06809 00 OGCC Facility ID Number: 293169  
 Well/Facility Name: CORNELSON Well/Facility Number: 1-32  
 Location QtrQtr: NWNW Section: 32 Township: 20S Range: 45W Meridian: 6  
 County: KIOWA Field Name: SENTINEL  
 Federal, Indian or State Lease Number: \_\_\_\_\_

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:

FNL/FSL	FEL/FWL
<u>660</u> FNL	<u>660</u> FWL

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

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Current **Surface Location From** QtrQtr NWNW Sec 32

Twp <u>20S</u>	Range <u>45W</u>	Meridian <u>6</u>
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New **Surface Location To** QtrQtr \_\_\_\_\_ Sec \_\_\_\_\_

Twp _____	Range _____	Meridian _____
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Change of **Top of Productive Zone Footage From** Exterior Section Lines:

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

		**
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Current **Top of Productive Zone Location From** Sec \_\_\_\_\_

Twp _____	Range _____
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New **Top of Productive Zone Location To** Sec \_\_\_\_\_

Twp _____	Range _____
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Change of **Bottomhole Footage From** Exterior Section Lines:

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

		**
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Current **Bottomhole Location** Sec \_\_\_\_\_ Twp \_\_\_\_\_

Range _____	** attach deviated drilling plan
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New **Bottomhole Location** Sec \_\_\_\_\_ Twp \_\_\_\_\_

Range _____
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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 \_\_\_\_\_



Comments:

We respectfully request a final reclamation inspection approval.

**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)
- Request to Vent or Flare
- E&P Waste Mangement Plan
- Change Drilling Plan
- Repair Well
- Beneficial Reuse of E&P Waste
- Gross Interval Change
- Rule 502 variance requested. Must provide detailed info regarding request.
- Other \_\_\_\_\_
- 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.):

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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:

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<b>Best Management Practices</b>	
<b>No BMP/COA Type</b>	<b>Description</b>

Operator Comments:

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

Signed: \_\_\_\_\_ Print Name: Larry F Manikowski  
Title: President & CEO/CFO Email: lfmanski@aol.com Date: 8/26/2017

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

COGCC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

<b>COA Type</b>	<b>Description</b>

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
		Stamp Upon Approval

Total: 0 comment(s)

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
401388301	FORM 4 SUBMITTED

Total Attach: 1 Files