

State of Colorado
Oil and Gas Conservation Commissioner
DEPARTMENT OF NATURAL RESOURCES



FOR OGCC USE ONLY

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).

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1. OGCC Operator Number: 41385
2. Name of Operator: HS Resources, Inc.
3. Address: 3939 Carson Avenue
City: Evans State: CO Zip: 80620

4. Contact Name & Phone
Elaine Rivas
No: 970-330-0614
Fax: 970-330-0431

Complete the
Attachment Checklist

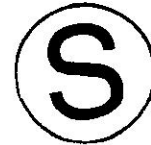
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5. API Number: 05-123-18820
6. OGCC Lease No: 64622
7. Well Name: HSR-SEKICH "A"
Number: 9-17
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESE Sec 17-T3N-R67W 6th P.M.
9. County: Weld
10. Field Name: Wattenberg
11. Federal, Indian or State Lease Number:

Survey Plat		
Directional Survey		
Surface Equipment		
Technical Information Page	x	
Other		

12. General Notice

<input type="checkbox"/>	Change well name from _____ to _____	Effective Date: _____
<input type="checkbox"/>	Change of location from _____ Attach new survey plat to _____	
<input type="checkbox"/>	Abandoned Location. Is site ready for inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No Effective Date: _____
<input type="checkbox"/>	Was location ever built?	<input type="checkbox"/> Yes <input type="checkbox"/> No Permit No: _____
<input type="checkbox"/>	Well first shut in or temporarily abandoned _____ Has production equipment been removed from Site?	<input type="checkbox"/> Yes <input type="checkbox"/> No Notice of continued shut-in status.
	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 Approximate Start Date: _____	<input checked="" type="checkbox"/> Report of Work Done Date work Completed: 4/17/00
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Details of work must be described in full on Technical Information Page (Page 2 must be submitted).

<input type="checkbox"/> Commingle Zones <input type="checkbox"/> Intent to Recomplete <input type="checkbox"/> Change Drilling Plans <input checked="" type="checkbox"/> Reservoir Stimulation <input type="checkbox"/> Perforating/Perfs Added <input type="checkbox"/> Gross Interval Changed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Request to Vent or Flare <input type="checkbox"/> Repair Well <input type="checkbox"/> Convert Well to Injection (in an Approved Secondary Project) <input type="checkbox"/> Additional Source Leases for Water Disposal Well <input type="checkbox"/> Other: _____	<input type="checkbox"/> E & P Waste Disposal <input type="checkbox"/> Beneficial Reuse of E&P Waste <input type="checkbox"/> New Pit <input type="checkbox"/> Landfarming <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases
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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: 04/27/00

OGCC Approved: Bill McQuinn

Title: PE

Date: 5/8/00

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE

1. OGCC Operator Number:	41385	2. API Number:	05-123-18820
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5. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NESE Sec 17-T3N-R67W 6th P.M.		

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.

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6. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Codell	Refrac
4/14/00	Reperforated Codell from 7134' - 7142'
4/17/00	Refractured the Codell formation with: 5100 # 100 mesh 266320 # 20/40 mesh 89250 gal. gelled fluid
	Returned well to NB-CD production.