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FOR OGCC USE ONLY

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

DEC 20 99

COGCC

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

Complete the
Attachment Checklist

Oper OGCC

5. API Number: 05-123-16757	6. OGCC Lease No: 61409
7. Well Name: HSR-LARIMER	Number: 13-24
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW Sec 24-T5N-R65W 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 _____ to _____	
<input type="checkbox"/>	Attach new survey pla _____	
<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 _____	<input type="checkbox"/> Notice of continued shut-in status.
<input type="checkbox"/>	Has production equipment been removed from Site?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 type="checkbox"/> Report of Work Done	
<input type="checkbox"/> Approximate Start Date: _____	<input checked="" type="checkbox"/> Date work Completed: 12/6/99	
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"/> 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: 12/15/99

OGCC Approved: [Signature] Title: PE Date: 4/21/00

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE

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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
12/1/99	reperforate the Codell formation from 6942' to 6952'	
12/6/99	Refractured the Codell formation with: 0 # 100 mesh 261200 # 20/40 mesh 88032 gal. gelled fluid	
	Returned well to NB-CD production.	