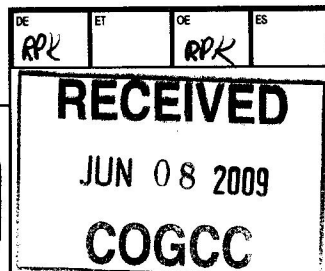


State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109

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 (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

Complete the Attachment
Checklist

OP OGCC

1. OGCC Operator Number: 65110	4. Contact Name JOSEPH FORMA
2. Name of Operator: O'BRIEN ENERGY RESOURCES CORP.	Phone: 603-427-2099
3. Address: 18 CONGRESS STREET, SUITE 207 City PORTSMOUTH State: NH Zip: 03801	Fax: 603-427-2499
5. API Number 05-123-23997-1	OGCC Facility ID Number
6. Well/Facility Name: LOST CREEK	7. Well/Facility Number 30
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW SEC.15, T3N, R62W, 6TH PM	
9. County: WELD	10. Field Name: UNNAMED
11. Federal, Indian or State Lease Number:	

Survey Plat	
Directional Survey	
Surface Eqpm Diagram	
Technical Info Page	
Other	

General Notice

☐ CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer _____

Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____

Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No ☐

Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

GPS DATA:

Date of Measurement 12/15/08 PDOP Reading 1.97 Instrument Operator's Name KEVIN MCCORMICK

☐ CHANGE SPACING UNIT

Formation	Formation Code	Spacing order number	Unit Acreage	Unit configuration

☐ Remove from surface bond
Signed surface use agreement attached

<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> CHANGE WELL NAME From: _____ To: _____ Effective Date: _____ NUMBER
<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for inspection: _____	<input checked="" type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: 1/2009 Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT _____

☐ SPUD DATE: _____

☐ REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

☐ SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries

Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date

☐ RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.
Final reclamation will commence on approximately _____ ☐ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

☐ Notice of Intent
Approximate Start Date: _____

☐ Report of Work Done
Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other: _____	for Spills and Releases

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

Signed: JOSEPH FORMA Date: 6/03/2009 Email: JOEOBENERGY@AOL.COM
Print Name: JOSEPH FORMA Title: VICE PRESIDENT

COGCC Approved: David S. Neslin Title RPK Date: 6/9/2009

CONDITIONS OF APPROVAL, IF ANY:



Page 2

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

JUN 08 2009

COGCC

1. OGCC Operator Number: 65110 API Number: 123-23992
2. Name of Operator: O'Brien Energy Resources Corp. OGCC Facility ID #
3. Well/Facility Name: Lost Creek Well/Facility Number: 30
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWSW SEC.15, T3N R62W, 6th PM

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 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS**

LOST CREEK #30 TEMPORARILY SHUT IN AS OF 1/2009.