

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



AUG 12 1999

JB

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).

ET ☒ DE ☐ PR ☐ ES ☐

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

	Oper	OGCC
5. API Number: 05-123-14663		
6. OGCC Lease No: 60651		
7. Well Name: HSR-BLACKFORD		
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE Sec26-T3N-R66W 6th P.M.		
9. County: Weld		
10. Field Name: Wattenberg		
11. Federal, Indian or State Lease Number: 0		

12. General Notice

☐ Change well name from _____ to _____ Effective Date: _____

☐ Change of location from _____ to _____
Attach new survey plat.

☐ Abandoned Location. Is site ready for inspection? ☐ Yes ☐ No Effective Date: _____
Was location ever built? ☐ Yes ☐ No Permit No: _____

☐ Well first shut in or temporarily abandoned _____
Has production equipment been removed from Site? ☐ Yes ☐ No
MIT required if shut in longer than two years. Date of last MIT: _____

☐ Well resumed production on _____

☐ Request for Confidential Status (6 months).

☐ Final reclamation will commence approximately on _____

☐ Final reclamation is completed and site is ready for inspection Attach technical page describing final reclamation procedures per Rule 1000c.4.

☐ Change of Operator (prior to drilling). Effective Date: _____ Plugging bond: ☐ Blanket ☐ Individual

☐ Spud Date _____

13. Technical Engineering/Environmental Notice

<input checked="" type="checkbox"/> Notice of Intent Approximate Start Date: 08/11/99	<input type="checkbox"/> Report of Work Done Date work Completed: _____
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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 checked="" type="checkbox"/> Change Drilling Plans <input type="checkbox"/> Reservoir Stimulation <input type="checkbox"/> Perforating/Perfs Added Gross Interval Changed? <input checked="" type="checkbox"/> Yes <input 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: 08/11/99

OGCC Approved: J. Glens

Title: ET II

Date: 8/18/99

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE

FOR OGCC USE ONLY

RECEIVED

AUG 12 1999

ET	OE	PR	ES
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1. OGCC Operator Number:	41385	2. API Number:	05-123-14663
3. Name of Operator:	HS Resources, Inc.		
4. Well Name:	HSR-BLACKFORD	Number:	1-26A
5. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NENE Sec26-T3N-R66W 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.

6.

DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Interest is not common.
Request to Deepen well to Dakota with a proposed TD of 8200'.
Spacing unit will remain the same as for J Sand E/2 320
Intend to test Dakota and treat if productive and commingle with JNBCD.