



PROJECT # 11966

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109



FOR OGCC USE ONLY

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OCT 22 2018

SUBMITTED
OGCC

Attachment Checklist

OGCC

| | | |
|----------------|-------------------------------------|--|
| Program map(s) | <input checked="" type="checkbox"/> | |
| Seismic bond | <input type="checkbox"/> | |

Submit this Notice for each seismic program to be conducted within the State. A bond is required on State and fee lands in the amount of \$25,000 per Rule 705. OGCC Rule 333 is the guideline for all seismic operations. Submit Form 20A (Completion Report for Seismic Operations) to the Commission within 60 days after the completion of the project.

Seismic Program

Project Name and/or Number: SUNLIGHT PEAK 3D
Acquisition Method: ☐ 2-D ☒ 3-D
Energy Source: ☐ Shot-hole ☒ Vibroseis ☒ Other (Describe): AIRGUN SOURCE IN BOYD LAKE ONLY
Location: Township(s), Range(s) and Meridian(s) _____
County(ies): LARIMER & WELD
Approximate Start Date: 25 NOVEMBER 2018 Estimated Date of Completion: 20 DECEMBER 2018
Proposed Number of Line Miles: 19 sq. mi. Rec. 91 mi. SR 76 mi. Number of Holes/Mile: N/A

Shot Hole Information

Size of Hole (inches): _____ Approximate Depth of Holes (feet): _____
Approximate Size of Charge (pounds): N/A
Identifying Marks on Non-Metallic Plug: _____
Line Numbers: _____
Description of Hole Plugging Procedure: (if different than Rule 333, must obtain prior Director approval)

Bonding Information

Bonded Party: _____ Bonding Company: _____

Seismic Contractor Information

Seismic Contractor & Crew Number: DAWSON GEOPHYSICAL, CREW # TBD
Permanent Address & Phone Number: 508 W. WALL, STE. 800, MIDLAND, TX 79701
Name of Local Contact & Phone Number (when available): GREG YUND 713-870-4744 GREG CAMERA 607-349-3222

Client Information

Client Company: ANADARKO PETROLEUM CORP.
Permanent Address: 1099 18TH STREET, STE. 1800, DENVER, CO. 80202
Contact Name: MARK DAVIDSON 720-929-6756 Phone: 720-929-6756

Plugging Company Information

Name of Hole Plugging Company: N/A
Address: _____
Contact Name: _____ Phone: _____

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

Print Name: GREGORY YUND Signed: _____
Title: REGIONAL MANAGER Date: 19 OCT. 2018

OGCC Approved: _____ Title: C. RIMANACHAK, Permit Tech. Date: 10/24/2018
CONDITIONS OF APPROVAL, IF ANY: