

## Oil and Gas Conservation Commission

DEPARTMENT OF NATURAL RESOURCES

## SUNDRY NOTICE

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).



00825673

AUG 17 1999

Final Reclamation

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Complete the  
Attachment Checklist

	Operator	OGCC
Survey Plat		
Directional Survey		
Surface Equipment Diagram		
Technical Information Page		
Other		

1. OGCC Operator Number: 37000	4. Contact Name & Phone Harlan Hodge
2. Name of Operator: Hahco, Inc	No: 970 301-0257
3. Address: 4645 23rd St.	Fax: 970 330-8677
City: Greeley State: Co Zip: 80634	

5. API Number: 05-123-12326	6. OGCC Lease No: 85246 69208
7. Well Name: Dorothy	Number: 2
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE 7 7N 58W	
9. County: Weld	10. Field Name: Wild Horse
11. Federal, Indian or State lease number:	

## 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: _____ 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. 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 checked="" 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 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 (Submit Form 2) <input type="checkbox"/> Change Drilling Plans <input type="checkbox"/> Reservoir Stimulation <input type="checkbox"/> Perforating/Perfs Added Gross Interval Changed? <input type="checkbox"/> Y <input type="checkbox"/> N	<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 Harlan Hodge

Signed see attached fax Title: President Date: 8/15/99

OGCC Approved: [Signature] Title: ST. PETROLIUM Date: 9/9/99

CONDITIONS OF APPROVAL, IF ANY:



1. Operator Number:	37000	2. API Number:	05- 123 12326
3. Name of Operator:	Habeo		
4. Well Name:	Dorothy	Number:	2
5. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NENE 7 7N 5W		

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.

FOR OGCC USE ONLY

AUG 17 1999

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6. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Ready for final inspection & release of bmd