



State Colorado



FOR OGCC USE ONLY



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (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.

1. OGCC Operator Number: <u>63270</u>	4. Contact Name and Telephone <u>Jim Williams</u>
2. Name of Operator: <u>Nielson & Associates, Inc.</u>	No: <u>307/587-2445</u>
3. Address: <u>PO Box 2850</u>	Fax: <u>307/527-4943</u>
City: _____ State: <u>WY</u> Zip: <u>82414</u>	

Complete the Attachment Checklist

	Oper	OGCC
Survey Plat	X	
Directional Survey		
Surface Equipment Diagram		
Technical Information Page		
Other: Topo Map	X	
cc: County	X	

5. API Number: <u>05-069-06330-00</u>	6. OGCC Facility ID Number: _____
7. Facility Name: <u>North Wellington</u>	Operator's Facility Number: <u>#21-1</u>
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SW SE Sec. 21, T11N - R68W</u>	
9. County: <u>Larimer</u>	10. Field Name: <u>Wildcat</u>
11. Federal, Indian or State Lease Number: <u>N/A</u>	

General Notice

<input type="checkbox"/>	Change well name and number from: _____ to: _____ Effective Date: _____
<input checked="" type="checkbox"/>	Change of location from (QtrQtr, Sec, Twp, Range, Meridian): <u>SE SE Sec. 21, T11N - R68W</u> Footage from Ext. Sec. Lines: <u>714' FSL and 894' FEL</u>
<input checked="" type="checkbox"/>	Change of location to (QtrQtr, Sec, Twp, Range, Meridian): <u>SW SE Sec. 21, T11N - R68W</u> ATTACH NEW SURVEY Footage from Ext. Sec. Lines: <u>714' FSL and 1894' FEL</u>
<input type="checkbox"/>	Abandoned Location. Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection: _____ Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Date 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 checked="" type="checkbox"/>	Request for Confidential Status (6 months from date of well completion).
<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 10004.
<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 _____

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent Approximate Start Date: _____	<input type="checkbox"/> 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"/> 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 <input type="checkbox"/> Variance	

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

Print Name: Lisa L. SmithSigned: [Signature] Title: Consultant Date: 02/07/01OGCC Approved: [Signature] Title: PE Date: 3/2/01CONDITIONS OF APPROVAL, IF ANY: