

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

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



DE	ET	OE	ES
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**SUNDRY NOTICE**

Submit a signed original. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full in Comments or provide as an attachment. Identify Well by API Number; identify Oil and Gas Location by Location ID Number; identify other Facility by Facility ID Number.

OGCC Operator Number: 96155 Contact Name Bryce Maifeld  
 Name of Operator: WHITING OIL & GAS CORPORATION Phone: (970) 286-1595  
 Address: 1700 LINCOLN STREET SUITE 4700 Fax: ( )  
 City: DENVER State: CO Zip: 80290 Email: bryce.maifeld@whiting.com

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 123 41384 00 OGCC Facility ID Number: 441399  
 Well/Facility Name: Razor Fed Well/Facility Number: 29L-3202  
 Location QtrQtr: NWSW Section: 29 Township: 10N Range: 58W Meridian: 6  
 County: WELD Field Name: WILDCAT  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Survey Plat		
Directional Survey		
Srfc Eqpmt Diagram		
Technical Info Page		
Other		

**CHANGE OF LOCATION OR AS BUILT GPS REPORT**

- Change of Location \*       As-Built GPS Location Report       As-Built GPS Location Report with Survey

\* Well location change requires new plat. A substantive surface location change may require new Form 2A.

**SURFACE LOCATION GPS DATA** Data must be provided for Change of Surface Location and As Built Reports.

Latitude \_\_\_\_\_ GPS Quality Value: \_\_\_\_\_ Type of GPS Quality Value: \_\_\_\_\_ Measurement Date: \_\_\_\_\_  
 Longitude \_\_\_\_\_

**LOCATION CHANGE (all measurements in Feet)**

Well will be: \_\_\_\_\_ (Vertical, Directional, Horizontal)

Change of **Surface** Footage **From** Exterior Section Lines:

	FNL/FSL		FEL/FWL
2351	FSL	661	FWL

Change of **Surface** Footage **To** Exterior Section Lines:

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Current **Surface** Location **From** QtrQtr NWSW Sec 29

Twp <u>10N</u>	Range <u>58W</u>	Meridian <u>6</u>
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New **Surface** Location **To** QtrQtr \_\_\_\_\_ Sec \_\_\_\_\_

Twp _____	Range _____	Meridian _____
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Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

2531	FSL	687	FWL
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Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

			**
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Current **Top of Productive Zone** Location **From** Sec 29

Twp <u>10N</u>	Range <u>58W</u>
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New **Top of Productive Zone** Location **To** Sec \_\_\_\_\_

Twp _____	Range _____
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Change of **Bottomhole** Footage **From** Exterior Section Lines:

300	FSL	461	FWL
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Change of **Bottomhole** Footage **To** Exterior Section Lines:

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Current **Bottomhole** Location Sec 32 Twp 10N Range 58W

\*\* attach deviated drilling plan

New **Bottomhole** Location Sec \_\_\_\_\_ Twp \_\_\_\_\_ Range \_\_\_\_\_

Is location in High Density Area? \_\_\_\_\_

Distance, in feet, to nearest building \_\_\_\_\_, public road: \_\_\_\_\_, above ground utility: \_\_\_\_\_, railroad: \_\_\_\_\_,

property line: \_\_\_\_\_, lease line: \_\_\_\_\_, well in same formation: \_\_\_\_\_

Ground Elevation \_\_\_\_\_ feet Surface owner consultation date \_\_\_\_\_



Comments:

**ENGINEERING AND ENVIRONMENTAL WORK**

NOTICE OF CONTINUED TEMPORARILY ABANDONED STATUS

Indicate why the well is temporarily abandoned and describe future plans for utilization in the COMMENTS box below or provide as an attachment, as required by Rule 319.b.(3).

Date well temporarily abandoned \_\_\_\_\_ Has Production Equipment been removed from site? \_\_\_\_\_

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT \_\_\_\_\_

SPUD DATE: \_\_\_\_\_

**TECHNICAL ENGINEERING AND ENVIRONMENTAL WORK**

Details of work must be described in full in the COMMENTS below or provided as an attachment.

NOTICE OF INTENT Approximate Start Date \_\_\_\_\_

REPORT OF WORK DONE Date Work Completed \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Intent to Recomplete (Form 2 also required) | <input type="checkbox"/> Request to Vent or Flare   | <input type="checkbox"/> E&P Waste Mangement Plan      |
| <input type="checkbox"/> Change Drilling Plan                        | <input type="checkbox"/> Repair Well  | <input type="checkbox"/> Beneficial Reuse of E&P Waste |
| <input type="checkbox"/> Gross Interval Change                       | <input type="checkbox"/> Rule 502 variance requested. Must provide detailed info regarding request. |  |
| <input type="checkbox"/> Bradenhead Plan                             | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases          |  |
| <input type="checkbox"/> Other _____                                 |   |  |

COMMENTS:

**CASING PROGRAM**

(No Casing Provided)

**POTENTIAL FLOW AND CONFINING FORMATIONS**

(No Casing Provided)

**H2S REPORTING**

**Data Fields in this section are intended to document Sample and Location Data associated with the collection of a Gas Sample that is submitted for Laboratory Analysis.**

**Gas Analysis Report must be attached.**

H2S Concentration: \_\_\_\_\_ in ppm (parts per million) Date of Measurement or Sample Collection \_\_\_\_\_

Description of Sample Point:

Absolute Open Flow Potential \_\_\_\_\_ in CFPD (cubic feet per day)

Description of Release Potential and Duration (If flow is not open to the atmosphere, identify the duration in which the container or pipeline would likely be opened for servicing operations.):

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Distance to nearest occupied residence, school, church, park, school bus stop, place of business, or other areas where the public could reasonably be expected to frequent: \_\_\_\_\_

Distance to nearest Federal, State, County, or municipal road or highway owned and principally maintained for public use: \_\_\_\_\_

COMMENTS:

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<b>Best Management Practices</b>	
<b>No BMP/COA Type</b>	<b>Description</b>

Operator Comments:

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

Signed: \_\_\_\_\_ Print Name: Bryce Maifeld  
Title: Regulatory Specialist Email: bryce.maifeld@whiting.com Date: \_\_\_\_\_

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

<b>COA Type</b>	<b>Description</b>

<b>General Comments</b>		
<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
		Stamp Upon Approval

Total: 0 comment(s)

<b>Attachment List</b>	
<b>Att Doc Num</b>	<b>Name</b>

Total Attach: 0 Files