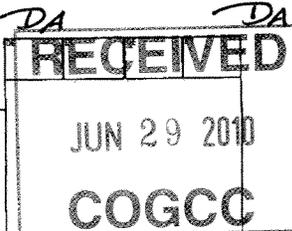




02054412



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. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number: 10320	4. Contact Name: J. Craig Creel	Complete the Attachment Checklist OP OGCC
2. Name of Operator: TC Operating LLC	Phone: 970-759-8393	
3. Address: 518 17th St, Suite 765 City: Denver State: CO Zip: 80202	Fax: 970-858-8004	
5. API Number 05-077-10096-00	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Deer Creek SWD	7. Well/Facility Number 1	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): NENE 2-14S-98W		Surface Eqpm Diagram
9. County: Mesa	10. Field Name: Wildcat	Technical Info Page
11. Federal, Indian or State Lease Number:		Other

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines: FN/FSL FE/FFL

Change of Surface Footage to Exterior Section Lines:

Change of Bottomhole Footage from Exterior Section Lines:

Change of Bottomhole Footage to Exterior Section Lines: attach directional survey

Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer _____

Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____

Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No

Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

GPS DATA:
Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

CHANGE SPACING UNIT
Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____

Remove from surface bond
Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):
Effective Date: _____
Plugging Bond: Blanket Individual

CHANGE WELL NAME NUMBER
From: _____
To: _____
Effective Date: _____

ABANDONED LOCATION:
Was location ever built? Yes No
Is site ready for inspection? Yes No
Date Ready for inspection: _____

NOTICE OF CONTINUED SHUT IN STATUS
Date well 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 _____

SPUD DATE: _____

REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries
Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.
Final reclamation will commence on approximately _____ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

Notice of Intent
Approximate Start Date: 7/7/2010 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"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input checked="" type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other: _____	

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

Signed: J. Craig Creel Date: 6/30/2010 Email: jccree@riochema.com
Print Name: J. Craig Creel Title: Vice-President / Engineer

COGCC Approved: David And Title: PE II Date: 7/7/2010

CONDITIONS OF APPROVAL, IF ANY:

- 1) A diverter with valve and bag is acceptable for the surface hole only. An annular preventer and fittings and valves with rated working pressures suitable for the maximum anticipated surface pressure shall be used for the production hole.
- 2) The minimum required surface casing setting depth is hereby increased from 210' to 580' to protect nearby water wells.
- 3) Production casing cement shall be circulated to surface.

FORM
4
Rev 12/05

Page 2

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED
JUN 29 2010
COGCC

1. OGCC Operator Number: 10320	API Number: 05-077-10096-00
2. Name of Operator: TC Operating LLC	OGCC Facility ID #
3. Well/Facility Name: Deer Creek SWD	Well/Facility Number: 1
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NENE 2-14S-98W	

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 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS**

We propose the following changes to the Form 2 submitted and approved June 11, 2010 -

1. The TD of the well be increased from 2400' to 2495'
2. Use a diverter with a valve and bag instead of an annular BOP (sketch attached), - SURFACE HOLE ONLY
3. Run the 7" csg. to top of Chinle at approximately 2100' (as determined by open hole logs)
4. Cement 7" casing to at least 100' above the top of Dakota - BRING CMT TO SURFACE

INCREASE SURFACE CASING SETTING DEPTH TO 580'

D.A.
7/7/2010



ROUSTABOUT SERVICE INC.

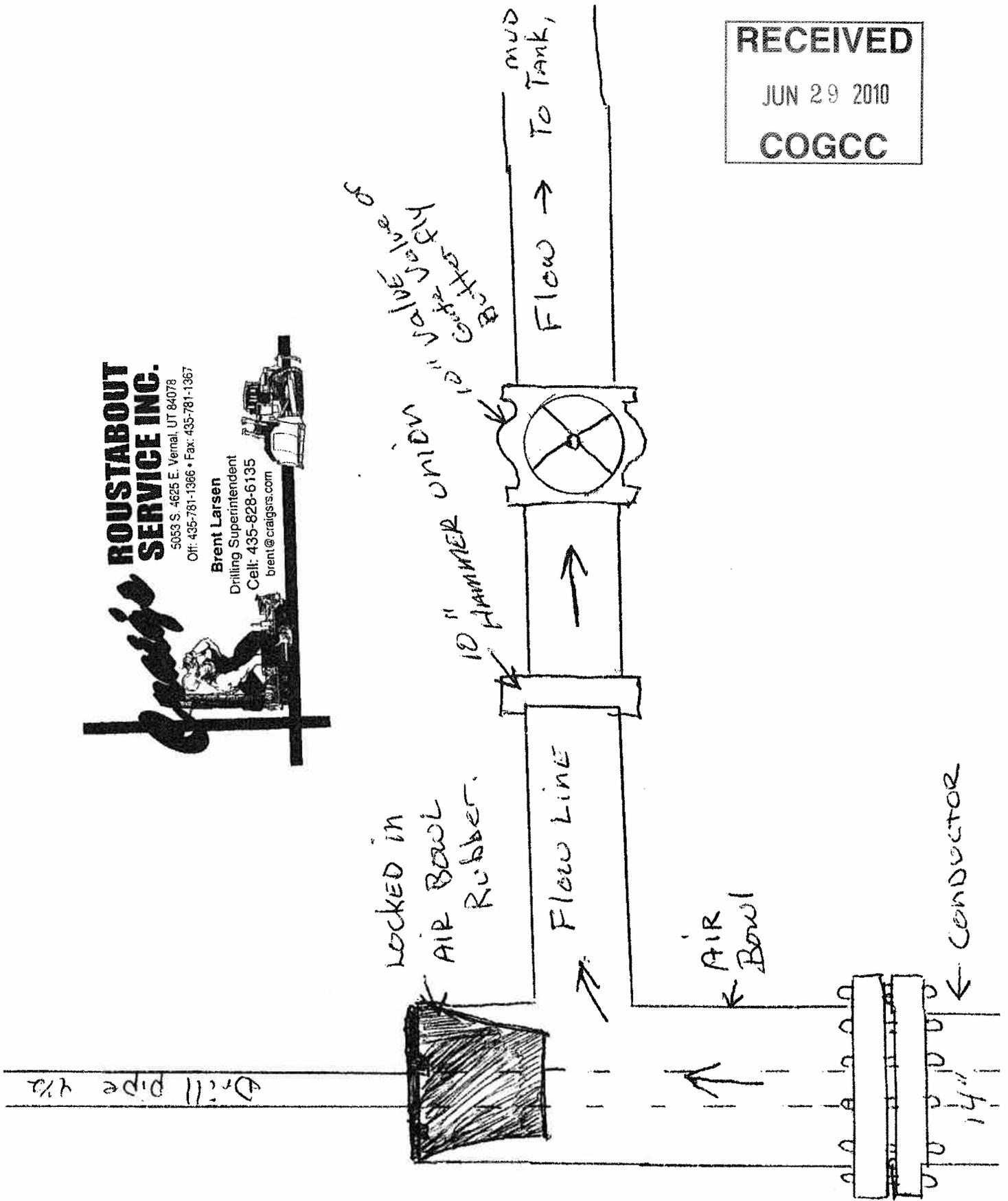
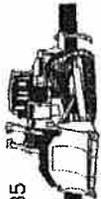
5053 S. 4625 E. Vernal, UT 84078
 Off: 435-781-1366 • Fax: 435-781-1367

Brent Larsen

Drilling Superintendent

Cell: 435-828-6135

brent@craigss.com



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