

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2108

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 803b).

1. OGCC Operator Number: 97730	4. Contact Name: David Wyman
2. Name of Operator: Louis M Wyman	Phone: 970-701-9388
3. Address: 4600 E Hwy 40	Fax:
City: Craig State: CO Zip: 81625	
5. API Number: 08-107-05032	OGCC Facility ID Number: 232466
6. Well/Facility Name: Wyman-Waters	7. Well/Facility Number: 1
8. Location (On/Off, Sec, Twp, Rng, Meridian): SENE 21 4N 85W 6	Surface Egrpt Diagram
9. County: Routt	Technical Info Page
10. Field Name:	Other
11. Federal, Indian or State Lease Number:	

General Notice

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

Change of Surface Footage from Exterior Section Lines:	FN/FSL	FE/FWL
Change of Surface Footage to Exterior Section Lines:		
Change of Bottomhole Footage from Exterior Section Lines:		
Change of Bottomhole Footage to Exterior Section Lines:		
Bottomhole location On/Off, Sec, Twp, Rng, Mer		
Latitude: 40.30277	Distance to nearest property line	Distance to nearest bldg, public rd, utility or RR
Longitude: 107.38753	Distance to nearest lease line	Is location in a High Density Area (rule 603b)?
Ground Elevation: 6891.27	Distance to nearest well same formation	Surface owner consultation date: _____

attach directional survey

GPS DATA:

Date of Measurement: 9/30/2010 POCOP Reading: 3 Instrument Operator's Name: David Wyman

☐ **CHANGE SPACING UNIT**

Formation	Formation Code	Spacing order number	Unit Acreage	Unit configuration
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☐ Remove from surface bond
Signed surface use agreement attached

☐ **CHANGE OF OPERATOR (prior to drilling):**

Effective Date: _____

Plugging Bond: ☐ Blanket ☐ Individual

☐ CHANGE WELL NAME

From: _____ To: _____

Effective Date: _____

NUMBER

☐ **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** (if mus from date casing set)

☐ **SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK**

Method used: _____ Cement volume: _____ Cement top: _____

Cementing tool setting/peft depth: _____ Cement bottom: _____

Date: _____

☐ Final reclamation is completed and site is ready for inspection.

☐ **RECLAMATION:** Attach technical page describing final reclamation procedures per Rule 1004.

Final reclamation will commence on approximately: _____

Technical Engineering/Environmental Notice

☐ **Notice of Intent**

Approximate Start Date: _____

☐ **Report of Work Done**

Date Work Completed: _____

Details of work must be described in full on Technical Information Page (page 2 must be submitted.)

☐ **Intent to Recomplete (submit form 2)**

☐ Change Drilling Plans

☐ Cross Interval Changed?

☐ Casing/Cementing Program Change

☐ Request to Vent or Flare

☐ Repair Well

☐ Rule 502 variance requested

☐ Other: _____

☐ E&P Waste Disposal

☐ Beneficial Reuse of E&P Waste

☐ Status Update/Change of Remediation Plans for Spills and Releases

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

Signed: _____

Date: 9/30/2010

Email: brokenbox6431@yahoo.com

Print Name: David Wyman

Title: Manager

COGCC Approval: _____

CONDITIONS OF APPROVAL: ANY: _____

Title: EIT-3

Date: 10/8/2010



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RECEIVED

SEP 30 2010

COGCC/Rifle Office

Completion Checklist

OF OGCC