

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: _____ API Number: _____

2. Name of Operator: _____ OGCC Facility ID # _____

3. Well/Facility Name: _____ Well/Facility Number: _____

4. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____

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