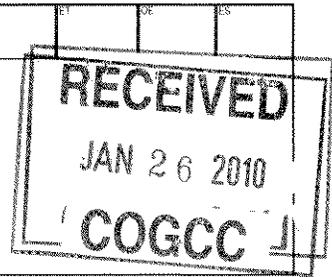




SUNDRY NOTICE

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: 10273	4. Contact Name: Andy Peterson	Complete the Attachment Checklist OP OGCC
2. Name of Operator: HRM Resources, LLC	Phone: 970-669-7411	
3. Address: 410 17th St., Suite 1200 City: Denver State: CO Zip: 80202	Fax: 970-669-4077	
5. API Number 05-001-09709	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: CARLSON	7. Well/Facility Number 12-18	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SWNW Sec. 18, T1S, R67W, 6 PM		Surface Eqpm Diagram
9. County: Adams	10. Field Name: SPINDLE	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:	FNL/FSL	FEL/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:		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 ADDITIONAL FORMATION
 Formation Code Spacing order number Unit Acreage Unit configuration
 Dakota DKTA 218 499-15 160 320 NW1/4 W/2

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: _____ 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
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other: _____	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: Andy Peterson Date: 1/21/10 Email: andy.peterson@petersonenergy.com
Print Name: Andy Peterson Title: V.P. of Operations

COGCC Approved: David S. Neslin Title: BTJ Date: 1/27/10

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED
JAN 26 2010
COGCC

- | | |
|--|-----------------------------|
| 1. OGCC Operator Number: 12073 | API Number: 05-001-09709 |
| 2. Name of Operator: HRM Resources, LLC | OGCC Facility ID # |
| 3. Well/Facility Name: CARLSON | Well/Facility Number: 12-18 |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNW Sec. 18, T1S, R67W, 6 PM | |

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**

Request changing proposed depth to 8940' in order to drill into the Dakota Formation.

Add DKTA to previously approved NBRR, CODL, & JSND Formations.