

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2101



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

1. OGCC Operator Number: 95960	4. Contact Name: Paul Jibson
2. Name of Operator: WEXPRO COMPANY	
3. Address: P.O. BOX 458	Phone: (307) 352-7651
City: ROCK SPRINGS State: WY Zip: 82902	Fax: (307) 352-7575
5. API Number 05-081-05512-00	OGCC Facility ID Number 69800
6. Well/Facility Name: Jacks Draw Unit	7. Well/Facility Number 2
8. Location (Qtr/Sec, Twp, Rng, Meridian): NE NW 28-12N-97W	
9. County: MOFFAT	10. Field Name: Powder Wash
11. Federal, Indian or State Lease Number: D-040867-b	

Complete the Attachment Checklist	
OP	OGCC
Survey Plat	
Directional Survey	
Surface Egmt Diagram	
Technical Info Page	
Other	

General Notice

<input type="checkbox"/> 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:	<input type="checkbox"/> FNL/FSL <input type="checkbox"/> FEL/FWL
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>
Bottomhole location Qtr/Sec, Twp, Rng, Mer	<input type="checkbox"/> attach directional survey
Latitude	Distance to nearest property line
Longitude	Distance to nearest bldg, public rd, utility or RR
Ground Elevation	Distance to nearest lease line
	Is location in a High Density Area (rule 603b)? Yes/No
	Distance to nearest well same formation
	Surface owner consultation
GPS DATA:	
Date of Measurement	PDOP Reading
	Instrument Operator's Name
<input type="checkbox"/> CHANGE SPACING UNIT	
Formation	Formation Code
Spacing order number	Unit Acreage
Unit configuration	
<input type="checkbox"/> Remove from surface bond	
Signed surface use agreement attached	
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	
Effective Date:	
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	
<input type="checkbox"/> CHANGE WELL NAME	
From:	NUMBER
To:	
Effective Date:	
<input type="checkbox"/> ABANDONED LOCATION:	
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Ready for Inspection:	
<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS	
Date well shut in or temporarily abandoned:	
Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MIT required if shut in longer than two years. Date of last MIT	
<input type="checkbox"/> SPUD DATE	
<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)	
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT W	
Method used Cementing tool setting/perf depth Cement volume Cement top Cement bottom Date	
<input type="checkbox"/> RECLAMATION Attach technical page describing final reclamation procedures per Rule 1004.	
Final reclamation will commence on approximately	
<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.	

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Report of Work Done
Approximate Start Date:	Date Work Completed: 6/18/09
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"/> Change Drilling Plans	<input type="checkbox"/> Repair Well
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Undesirable Event, Spill, Final Report for Spills and Releases
<input type="checkbox"/> E&P Waste Disposal	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Status Update/Change of Remediation Plans	

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

Signed: G.T. Nimmo Date: 12/20/10 Email: Paul.Jibson@Quasstar.com
Print Name: G.T. Nimmo Title: Operations ManagerCOGCC Approved: Chris Canfield Title: EPS-NW REGION Date: 03/10/2011
CONDITIONS OF APPROVAL, IF ANY: