FORM 4
Rev 12/05

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax:(303)894-2109

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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: 10339
2. Name of Operator: Gulfport Energy Corp.
3. Address: 14313 N May
City: Oklahoma City State: OK Zip: 73134
4. Contact Name: David Segobia
Phone: 405-242-4977
Fax: 405-848-8816

5. API Number 05- 081-07664 OGCC Facility ID Number
6. Well/Facility Name: State 7. Well/Facility Number 41-14-1
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): Lot 13 Sec 14 T6N R91W Meridian 6
9. County: Moffat 10. Field Name: Craig
11. Federal, Indian or State Lease Number:

Complete the Attachment Checklist

		OP OGCC
Survey Plat		
Directional Survey		
Surface Eqpmt Diagram		
Technical Info Page		
Other		

General Notice

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

		FNL/FSL		FEL/FWL
Change of **Surface** Footage **from** Exterior Section Lines:				
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: ____

☐ 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
☐ Gross Interval Changed?
☐ Casing/Cementing Program Change
☐ Request to Vent or Flare
☐ Repair Well
☐ Rule 502 variance requested
☒ Other: soil samples
☐ 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: David Segobia Date: 1/4/2012 Email: dsegobia@gulfportenergy.com
Print Name: David Segobia Title: Sr. Reservoir Engineering Tech, CPT

COGCC Approved: ____ Title: ____ Date: ____

CONDITIONS OF APPROVAL, IF ANY:

FORM 4 Rev 12/05

TECHNICAL INFORMATION PAGE

FOR OGCC USE ONLY

1. OGCC Operator Number: 10339 API Number: 05-081-07664
2. Name of Operator: Gulfport Energy OGCC Facility ID #
3. Well/Facility Name: State Well/Facility Number: 41-14-1
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): Lot 13 Sec 14 T6N R91W 6th 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**

Attached are soil test results for the State 41-14-1. Individual soil sample tests for the Moffat 22-11 were also included in the tests performed.