

State of Colorado

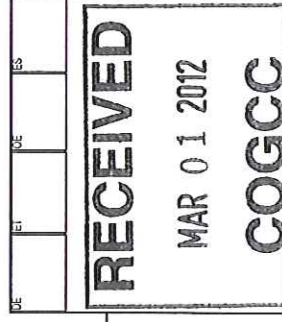
Oil and Gas Conservation Commission

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



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: 10110	4. Contact Name
2. Name of Operator: Great Western Oil & Gas Company, LLC	Janni Keidel
3. Address: 1700 Broadway, Suite # 650	Phone: 303-398-0388
City: Denver State: CO Zip: 80290	Fax: 866-742-1784
5. API Number 05-123-32970-00	OGCC Facility ID Number 420955
6. Well/Facility Name: Binder	7. Well/Facility Number 13-20
8. Location (Qtr/Tr, Sec, Twp, Rng, Meridian): NESW, Sec.20, T4n, R67W, 6th P.M.	Surface Eqgmt Diagram
9. County: Weld	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/tr is substantive and requires a new permit)

	FNL/FSL	FEL/FWL
Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Tr, 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: 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: From: Binder To: Binder Effective Date: 1-3-12 NUMBER 0-6-20
13-20

Plugging Bond: ☐ Blanket ☐ Individual

☐ 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: 01/03/2012 ☐ REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

☐ SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK

Method used	Cementing tool setting/per depth	Cement volume	Cement top	Cement bottom	Date

*submit cbl and cement job summaries

☐ 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 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: Janni Keidel Date: 01/09/2012 Email: jkeide@gwogco.com
 Print Name: Janni Keidel Title: Permit/Regulatory Analyst

COGCC Approved: [Signature] Title: _____ Date: 5-17-12
 CONDITIONS OF APPROVAL, IF ANY: _____

