

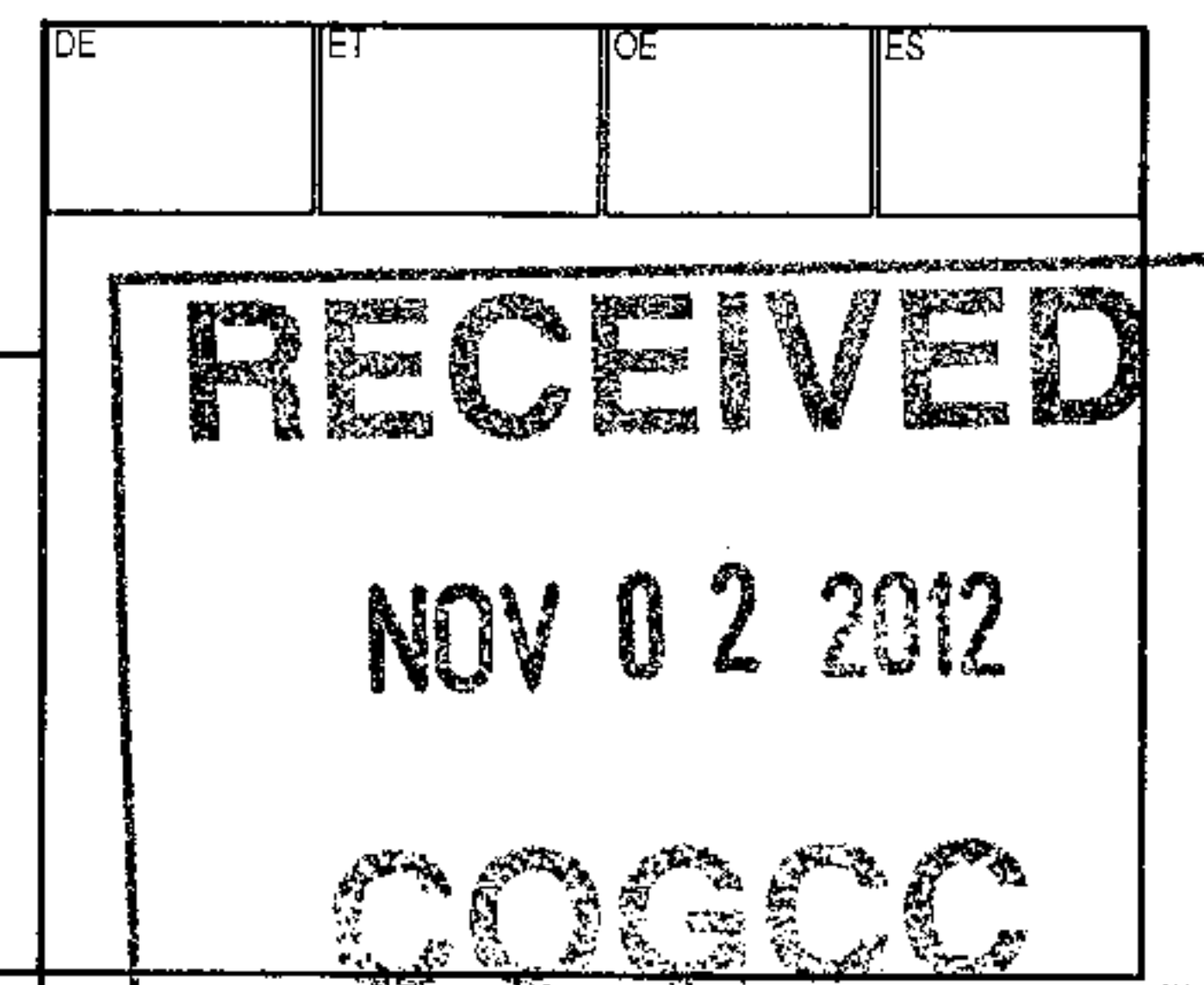
State of Colorado  
Oil and Gas Conservation Commission

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: <u>10000</u>	4. Contact Name <u>Patti Campbell</u>	Complete the Attachment Checklist  OP OGCC
2. Name of Operator: <u>BP America Production Co</u>	Phone: <u>(970) 335-3828</u>	
3. Address: <u>380 Airport Road</u> City: <u>Durango</u> State: <u>CO</u> Zip: <u>81303</u>	Fax: <u>(970) 335-3837</u>	
5. API Number <u>05- 067-09557</u>	OGCC Facility ID Number <u>38300</u>	Survey Plat
6. Well/Facility Name: <u>Hill, Leland GU A</u>	7. Well/Facility Number <u>4</u>	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>NWSW Sec. 13, T34N, R9W N.M.P.M.</u>		Surface Eqpm Diagram
9. County: <u>La Plata</u>	10. Field Name: <u>Ignacio Blanco</u>	Technical Info Page <input checked="" type="checkbox"/>
11. Federal, Indian or State Lease Number: _____		Other

General Notice

<input type="checkbox"/> <b>CHANGE OF LOCATION:</b> Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit) Change of <b>Surface</b> Footage <b>from</b> Exterior Section Lines: _____ Change of <b>Surface</b> Footage <b>to</b> Exterior Section Lines: _____ Change of <b>Bottomhole</b> Footage <b>from</b> Exterior Section Lines: _____ Change of <b>Bottomhole</b> Footage <b>to</b> Exterior Section Lines: _____ 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 <input type="checkbox"/> Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____		FNL/FSL FEL/FWL attach directional survey
<b>GPS DATA:</b> Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____		
<input type="checkbox"/> <b>CHANGE SPACING UNIT</b> Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____	<input type="checkbox"/> <b>Remove from surface bond</b> Signed surface use agreement attached	
<input type="checkbox"/> <b>CHANGE OF OPERATOR (prior to drilling):</b> Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> <b>CHANGE WELL NAME</b> _____ <b>NUMBER</b> _____ From: _____ To: _____ Effective Date: _____	
<input type="checkbox"/> <b>ABANDONED LOCATION:</b> 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"/> <b>NOTICE OF CONTINUED SHUT IN STATUS</b> 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"/> <b>SPUD DATE:</b> _____	<input type="checkbox"/> <b>REQUEST FOR CONFIDENTIAL STATUS</b> (6 mos from date casing set)	
<input type="checkbox"/> <b>SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK</b> *submit cbl and cement job summaries Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____		
<input type="checkbox"/> <b>RECLAMATION:</b> 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"/> <b>Notice of Intent</b> Approximate Start Date: _____	<input type="checkbox"/> <b>Report of Work Done</b> Date Work Completed: _____
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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"/> Change Drilling Plans <input type="checkbox"/> Gross Interval Changed? <input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Request to Vent or Flare <input type="checkbox"/> Repair Well <input type="checkbox"/> Rule 502 variance requested <input checked="" type="checkbox"/> Other: <u>Bradenhead venting</u>	<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 for Spills and Releases
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Patricia Campbell

Date: 10/29/12

Email: patricia.campbell@bp.com

Print Name: Patricia Campbell

Title: Regulatory Analyst

COGCC Approved: 

Title: PE

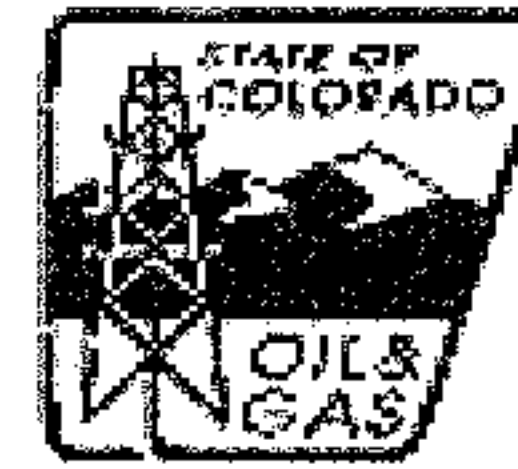
Date: 11.19.12

CONDITIONS OF APPROVAL, IF ANY:

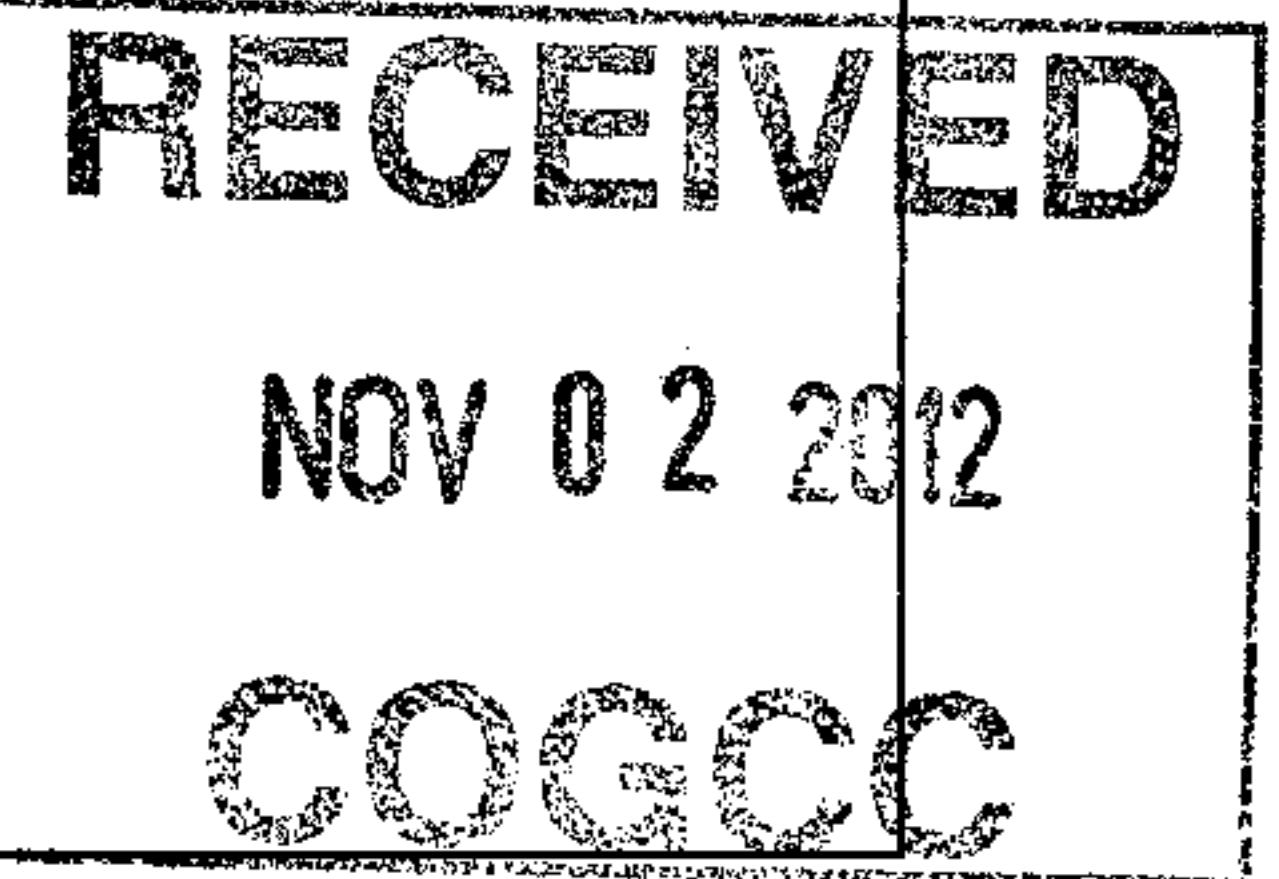


Page 2

## TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY



- |   |                          |
|---|--------------------------|
| 1. OGCC Operator Number: 10000  | API Number: 05-067-09557 |
| 2. Name of Operator: BP America Production Co                                   | OGCC Facility ID # 38300 |
| 3. Well/Facility Name: Hill, Leland GU A  | Well/Facility Number: 4  |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW Sec. 13, T34N, R9W N.M.P.M. |                          |

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

Per Mark Weems request and conversation with Brent Nickel, this sundry is being filed to confirm that BP will vent the above referenced well until the next scheduled test event when the well will be re-tested for further evaluation.