



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: 10410	4. Contact Name: Jeremy Fitzpatrick		
2. Name of Operator: Kirkpatrick Oil	Phone: 405-840-2882		
3. Address: 1001 W. Wilshire Boulevard #202	Fax: 405-840-2946		
City: Oklahoma City State: OK Zip: 73116			
5. API Number	OGCC Facility ID Number: 429989	Survey Plat	
6. Well/Facility Name: B&B Farms	7. Well/Facility Number: 1-19 SWD	Directional Survey	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NE NE S 19 T 11S R 44W 6th PM		Surface Eqpm Diagram	
9. County: Kit Carson 063	10. Field Name: Wildcat 99999	Technical Info Page	X
11. Federal, Indian or State Lease Number: Fee		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:				
Change of Surface Location to Exterior Section Lines:				
Change of Bottomhole Footage from Exterior Section Lines:				
Change of Bottomhole Footage to 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

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

<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 NUMBER From: To: Effective Date:
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<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
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☐ **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

<input type="checkbox"/> Notice of Intent Approximate Start Date:	<input type="checkbox"/> Report of Work Done 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"/> 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 checked="" type="checkbox"/> Other: Remove closed loop system	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: Kimberly J. Rodell Date: August 28, 2012 Email: kim@banko1.com

Print Name: Kimberly J. Rodell Title: Permit Agent for: Kirkpatrick Oil

COGCC Approved: For John Noto Title: DGLA Specialist Date: 2/2/13

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

RECEIVED

AUG 28 2012

OGCC

1. OGCC Operator Number: 10410 API Number: _____
2. Name of Operator: Kirkpatrick Oil OGCC Facility ID # 429989
3. Well/Facility Name: B&B Farms Well/Facility Number: 1-19 SWD
4. Location (QtrQtr, Sec Twp, Rng, Meridian): NE /4 NE /4 Sec. 19 T 11S R 44W 6th 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

Please remove the box which was mistakenly checked where it is stated Kirkpatrick Oil would drill the proposed well utilizing a closed loop system. If there are any questions please call Mark Johnson at (303)820-4480.