

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
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Document Number:

SUNDRY NOTICE

Submit a signed original. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full in Comments or provide as an attachment. Identify Well by API Number; identify Oil and Gas Location by Location ID Number; identify other Facility by Facility ID Number.

OGCC Operator Number: 10407	Contact Name: CLAY EVANS
Name of Operator: ANTLER ENERGY,LLC	Phone: 8073807616
Address: PO BOX 104	Fax: 8073837067
City: BAGGS	State: WY Zip: 82321 Email: clayjevans@yahoo.com

Complete the Attachment Checklist

OP OGCC

API Number : 05- 081 06023 OGCC Facility ID Number: 222663
Well/Facility Name: POLE GULCH Well/Facility Number: 6
Location QtrQtr: SWNW Section: 15 Township: 12N Range: 92W Meridian: 6
County: MOFFAT Field Name: POLE GULCH
Federal, Indian or State Lease Number:

Survey Plat		
Directional Survey		
Srvc Eqpmnt Diagram		
Technical Info Page		
Other		

CHANGE OF LOCATION OR AS BUILT GPS REPORT

☐ Change of Location * ☒ As-Built GPS Location Report ☐ As-Built GPS Location Report with Survey

* Well location change requires new plat. A substantive surface location change may require new Form 2A.

SURFACE LOCATION GPS DATA

Data must be provided for Change of Surface Location and As Built Reports.

Latitude 40.99933

PDOP Reading 7

Date of Measurement 5/30/2014

Longitude 107.71376

GPS Instrument Operator's Name

CLAY EVANS

LOCATION CHANGE (all measurements in Feet)

Well will be: (Vertical, Directional, Horizontal)

Change of **Surface Footage From** Exterior Section Lines:

Change of **Surface** Footage To Exterior Section Lines:

Current **Surface** Location From QtrQtr Sec

New **Surface** Location To QtrQtr Sec

Change of **Top of Productive Zone** Footage From Exterior Section Lines:

Change of **Top of Productive Zone** Footage To Exterior Section Lines:

Current **Top of Productive Zone** Location From Sec

New Top of Productive Zone Location To Sec

Change of **Bottomhole** Footage **From** Exterior Section Lines:

Change of **Bottomhole** Footage To Exterior Section Lines:

Current **Bottomhole** Location Sec Twp

New **Bottomhole** Location Sec Twp

Is location in High Density Area?

Distance, in feet, to nearest building _____, public road: _____, above ground utility: _____, railroad: _____

property line: _____, lease line: _____, well in same formation: _____

Ground Elevation feet

Surface owner consultation date


** attach deviated drilling plan

Sample ID	Facility ID	Sample Date	Sample Purpose

COMMENTS

Operator Comments:

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

Signed:  Print Name: Clay J. Evans
 Title: MANAGER Email: antlerenergy@yahoo.com Date: 6-5-14

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Date: _____

State of Colorado Oil and Gas Conservation Commission

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OGCC Operator Number: <u>10407</u>	Contact Name: <u>CLAY EVANS</u>
Name of Operator: <u>ANTLER ENERGY, LLC</u>	Phone: <u>8073807616</u>
Address: <u>PO BOX 104</u>	Fax: <u>8073837067</u>
City: <u>BAGGS</u>	State: <u>WY</u> Zip: <u>82321</u> Email: <u>clayjevans@yahoo.com</u>

Complete the Attachment
Checklist

OP OGCC

API Number: <u>05-08106320</u>	OGCC Facility ID Number: <u>222958</u>
Well/Facility Name: <u>ROSS-GOVERNMENT-USA</u>	Well/Facility Number: <u>44-7</u>
Location QtrQtr: <u>SESE</u>	Section: <u>7</u> Township: <u>11N</u> Range: <u>97W</u> Meridian: <u>6</u>
County: <u>MOFFAT</u>	Field Name: <u>POWDER WASH</u>
Federal, Indian or State Lease Number: _____	

Survey Plat		
Directional Survey		
Srvc Eqpmnt Diagram		
Technical Info Page		
Other		

CHANGE OF LOCATION OR AS BUILT GPS REPORT

☐ Change of Location *
 ☒ As-Built GPS Location Report
 ☐ As-Built GPS Location Report with Survey

* Well location change requires new plat. A substantive surface location change may require new Form 2A.

SURFACE LOCATION GPS DATA

Data must be provided for Change of Surface Location and As Built Reports.

Latitude <u>40.92416</u>	PDOP Reading <u>7</u>	Date of Measurement <u>5/30/2014</u>
Longitude <u>108.32970</u>	GPS Instrument Operator's Name <u>CLAY EVANS</u>	

LOCATION CHANGE (all measurements in Feet)

Well will be: _____ (Vertical, Directional, Horizontal)

Change of **Surface** Footage **From** Exterior Section Lines:

Change of **Surface** Footage **To** Exterior Section Lines:

Current **Surface** Location **From** QtrQtr Sec

New **Surface** Location **To** QtrQtr Sec

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

Current **Top of Productive Zone** Location **From** Sec

New **Top of Productive Zone** Location **To** Sec

Change of **Bottomhole** Footage **From** Exterior Section Lines:

Change of **Bottomhole** Footage **To** Exterior Section Lines:

Current **Bottomhole** Location Sec Twp

New **Bottomhole** Location Sec Twp

Is location in High Density Area? _____

Distance, in feet, to nearest building _____, public road: _____, above ground utility: _____, railroad: _____,

property line: _____, lease line: _____, well in same formation: _____

Ground Elevation _____ feet Surface owner consultation date _____


FNL/FSL		FEL/FWL	
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Twp <u> </u>	Range <u> </u>	Meridian <u> </u>	
Twp <u> </u>	Range <u> </u>	Meridian <u> </u>	
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Twp <u> </u>	Range <u> </u>		
Twp <u> </u>	Range <u> </u>		
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Range <u> </u>			** attach deviated drilling plan
Range <u> </u>			

Sample ID	Facility ID	Sample Date	Sample Purpose

COMMENTS

Operator Comments:

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

Signed:  Print Name: Clay J. Evans
 Title: MANAGER Email: antlerenergy@yahoo.com Date: 6-5-14

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Date: _____

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OGCC Operator Number: 10407 Contact Name CLAY EVANS
 Name of Operator: ANTLER ENERGY, LLC Phone: 8073807616
 Address: PO BOX 104 Fax: 3073837067
 City: BAGGS State: WY Zip: 82321 Email: clayjevans@yahoo.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 081 06278 OGCC Facility ID Number: 222917
 Well/Facility Name: MARTIN-GOVERNMENT #1 Well/Facility Number: _____
 Location QtrQtr: SWSW Section: 8 Township: 11N Range: 97W Meridian: 6
 County: MOFFAT Field Name: POWDER WASH
 Federal, Indian or State Lease Number: _____

Survey Plat		
Directional Survey		
Srvc Eqpm Diagram		
Technical Info Page		
Other		

CHANGE OF LOCATION OR AS BUILT GPS REPORT

☐ Change of Location * ☒ As-Built GPS Location Report ☐ As-Built GPS Location Report with Survey

* Well location change requires new plat. A substantive surface location change may require new Form 2A.

SURFACE LOCATION GPS DATA Data must be provided for Change of Surface Location and As Built Reports.

Latitude 40.92241 PDOP Reading 7 Date of Measurement 5/30/2014
 Longitude 108.32299 GPS Instrument Operator's Name CLAY EVANS

LOCATION CHANGE (all measurements in Feet)

Well will be: _____ (Vertical, Directional, Horizontal)

Change of **Surface** Footage **From** Exterior Section Lines:

Change of **Surface** Footage **To** Exterior Section Lines:

Current **Surface** Location **From** QtrQtr Sec

New **Surface** Location **To** QtrQtr Sec

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

Current **Top of Productive Zone** Location **From** Sec

New **Top of Productive Zone** Location **To** Sec

Change of **Bottomhole** Footage **From** Exterior Section Lines:

Change of **Bottomhole** Footage **To** Exterior Section Lines:

Current **Bottomhole** Location Sec Twp

New **Bottomhole** Location Sec Twp

Is location in High Density Area? _____

Distance, in feet, to nearest building _____, public road: _____, above ground utility: _____, railroad: _____,

property line: _____, lease line: _____, well in same formation: _____

Ground Elevation _____ feet Surface owner consultation date _____

FNL/FSL		FEL/FWL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>	
Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twp <input type="text"/>	Range <input type="text"/>		
Twp <input type="text"/>	Range <input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Range <input type="text"/>			
Range <input type="text"/>			

**

**

** attach deviated drilling plan

Sample ID	Facility ID	Sample Date	Sample Purpose

COMMENTS

Operator Comments:

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

Signed: 

Print Name: Clay J. Evans

Title: MANAGER

Email: antlerenergy@yahoo.com

Date: 6-4-14

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

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Date: _____

State of Colorado

Oil and Gas Conservation Commission

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OGCC Operator Number: 10407 Contact Name CLAY EVANS
 Name of Operator: ANTLER ENERGY, LLC Phone: 3073807616
 Address: PO BOX 104 Fax: 3073837067
 City: BAGGS State: WY Zip: 82321 Email: clayjevans@yahoo.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 081 06410 OGCC Facility ID Number: 223048
 Well/Facility Name: WELLINS-GOVERNMENT Well/Facility Number: 33-7
 Location QtrQtr: NWSE Section: 7 Township: 11N Range: 97W Meridian: 6
 County: MOFFAT Field Name: POWDER WASH
 Federal, Indian or State Lease Number: _____

Survey Plat		
Directional Survey		
Srvc Eqpmt Diagram		
Technical Info Page		
Other		

CHANGE OF LOCATION OR AS BUILT GPS REPORT

☐ Change of Location * ☒ As-Built GPS Location Report ☐ As-Built GPS Location Report with Survey

* Well location change requires new plat. A substantive surface location change may require new Form 2A.

SURFACE LOCATION GPS DATA Data must be provided for Change of Surface Location and As Built Reports.

Latitude 40.92583 PDOP Reading 7 Date of Measurement 5/30/2014
 Longitude 108.33235 GPS Instrument Operator's Name CLAY EVANS

LOCATION CHANGE (all measurements in Feet)

Well will be: _____ (Vertical, Directional, Horizontal)

Change of **Surface** Footage **From** Exterior Section Lines:

Change of **Surface** Footage **To** Exterior Section Lines:

Current **Surface** Location **From** QtrQtr Sec

New **Surface** Location **To** QtrQtr Sec

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

Current **Top of Productive Zone** Location **From** Sec

New **Top of Productive Zone** Location **To** Sec

Change of **Bottomhole** Footage **From** Exterior Section Lines:

Change of **Bottomhole** Footage **To** Exterior Section Lines:

Current **Bottomhole** Location Sec Twp Range

New **Bottomhole** Location Sec Twp Range

Is location in High Density Area? _____

Distance, in feet, to nearest building _____, public road: _____, above ground utility: _____, railroad: _____,

property line: _____, lease line: _____, well in same formation: _____

Ground Elevation _____ feet Surface owner consultation date _____

FNL/FSL		FEL/FWL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>	
Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twp <input type="text"/>	Range <input type="text"/>		
Twp <input type="text"/>	Range <input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twp <input type="text"/>	Range <input type="text"/>		
Twp <input type="text"/>	Range <input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**

**

** attach deviated drilling plan

Sample ID	Facility ID	Sample Date	Sample Purpose

COMMENTS

Operator Comments:

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

Signed: Clay J. Evans Print Name: Clay J. Evans
 Title: MANAGER Email: antlerenergy@yahoo.com Date: 6-5-14

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OGCC Operator Number: 10407	Contact Name: CLAY EVANS
Name of Operator: ANTLER ENERGY, LLC	Phone: 3073807616
Address: PO BOX 104	Fax: 3073837067
City: BAGGS	State: WY Zip: 82321 Email: clayjevans@yahoo.com

Complete the Attachment
Checklist

OP OGCC

API Number: 05- 081 60067	OGCC Facility ID Number: 222626
Well/Facility Name: POLE GULCH	Well/Facility Number: 2
Location QtrQtr: NWNW	Section: 16 Township: 12N Range: 92W Meridian: 6
County: MOFFAT	Field Name: POLE GULCH
Federal, Indian or State Lease Number:	

Survey Plat		
Directional Survey		
Srvc Eqpm Diagram		
Technical Info Page		
Other		

CHANGE OF LOCATION OR AS BUILT GPS REPORT

☐ Change of Location *
 ☒ As-Built GPS Location Report
 ☐ As-Built GPS Location Report with Survey

* Well location change requires new plat. A substantive surface location change may require new Form 2A.

SURFACE LOCATION GPS DATA

Data must be provided for Change of Surface Location and As Built Reports.

Latitude 40.99976	PDOP Reading 7	Date of Measurement 5/30/2014
Longitude 107.73221	GPS Instrument Operator's Name CLAY EVANS	

LOCATION CHANGE (all measurements in Feet)

Well will be: (Vertical, Directional, Horizontal)

Change of **Surface** Footage **From** Exterior Section Lines:

Change of **Surface** Footage **To** Exterior Section Lines:

Current **Surface** Location **From** QtrQtr Sec

New **Surface** Location **To** QtrQtr Sec

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

Current **Top of Productive Zone** Location **From** Sec

New **Top of Productive Zone** Location **To** Sec

Change of **Bottomhole** Footage **From** Exterior Section Lines:

Change of **Bottomhole** Footage **To** Exterior Section Lines:

Current **Bottomhole** Location Sec

New **Bottomhole** Location Sec

Is location in High Density Area?

Distance, in feet, to nearest building, public road, above ground utility, railroad,

property line, lease line, well in same formation:

Ground Elevation feet Surface owner consultation date


FNL/FSL		FEL/FWL	
Twp	Range	Meridian	
Twp	Range	Meridian	
			**
Twp	Range		
Twp	Range		
			**
			** attach deviated drilling plan

Sample ID	Facility ID	Sample Date	Sample Purpose

COMMENTS

Operator Comments:

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

Signed: 

Print Name: Clay J. Evans

Title: MANAGER

Email: antlerenergy@yahoo.com

Date: 5-4-14

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Date: _____

State of Colorado

Oil and Gas Conservation Commission

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OGCC Operator Number: 10407 Contact Name CLAY EVANS
 Name of Operator: ANTLER ENERGY, LLC Phone: 3073807616
 Address: PO BOX 104 Fax: 3073837067
 City: BAGGS State: WY Zip: 82321 Email: clayjevans@yahoo.com

Complete the Attachment
Checklist

OP OGCC

API Number: 05-08106298 OGCC Facility ID Number: 222936
 Well/Facility Name: ROSS GOVERNMENT USA Well/Facility Number: 43-7
 Location QtrQtr: NESE Section: 7 Township: 11N Range: 97W Meridian: 6
 County: MOFFAT Field Name: POWDER WASH
 Federal, Indian or State Lease Number: _____

Survey Plat		
Directional Survey		
Srvc Eqpm Diagram		
Technical Info Page		
Other		

CHANGE OF LOCATION OR AS BUILT GPS REPORT

☐ Change of Location * ☒ As-Built GPS Location Report ☐ As-Built GPS Location Report with Survey

* Well location change requires new plat. A substantive surface location change may require new Form 2A.

SURFACE LOCATION GPS DATA Data must be provided for Change of Surface Location and As Built Reports.

Latitude 40.92592 PDOP Reading 7 Date of Measurement 5/30/2014
 Longitude 108.32757 GPS Instrument Operator's Name CLAY EVANS

LOCATION CHANGE (all measurements in Feet)

Well will be: _____ (Vertical, Directional, Horizontal)

Change of **Surface Footage From** Exterior Section Lines:

Change of **Surface Footage To** Exterior Section Lines:

Current **Surface Location From** QtrQtr Sec

New **Surface Location To** QtrQtr Sec

Change of **Top of Productive Zone Footage From** Exterior Section Lines:

Change of **Top of Productive Zone Footage To** Exterior Section Lines:

Current **Top of Productive Zone Location From** Sec

New **Top of Productive Zone Location To** Sec

Change of **Bottomhole Footage From** Exterior Section Lines:

Change of **Bottomhole Footage To** Exterior Section Lines:

Current **Bottomhole Location** Sec Twp Range

New **Bottomhole Location** Sec Twp Range

Is location in High Density Area? _____

Distance, in feet, to nearest building _____, public road: _____, above ground utility: _____, railroad: _____,

property line: _____, lease line: _____, well in same formation: _____

Ground Elevation _____ feet Surface owner consultation date _____

FNL/FSL		FEL/FWL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>	
Twp <input type="text"/>	Range <input type="text"/>	Meridian <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twp <input type="text"/>	Range <input type="text"/>		
Twp <input type="text"/>	Range <input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
** attach deviated drilling plan			

Sample ID	Facility ID	Sample Date	Sample Purpose

COMMENTS

Operator Comments:

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

Signed: 

Print Name: Clay J. Evans

Title: MANAGER

Email: antlerenergy@yahoo.com

Date: 6/5/14

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Date: _____