

State of Colorado  
Oil and Gas Conservation Commission  
DEPARTMENT OF NATURAL RESOURCES



FOR OGCC USE ONLY  
**RECEIVED**  
JAN 14 02  
COGCC

|                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> ET | <input type="checkbox"/> OE | <input type="checkbox"/> PR | <input type="checkbox"/> ES |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

**SUNDRY NOTICE**

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 (back of this form).

**Complete the Attachment Checklist**

|  |                                    |
|--|------------------------------------|
| 1. OGCC Operator Number: <b>06385</b>  | 4. Contact Name & Phone            |
| 2. Name of Operator: <b>Evergreen Operating Corporation</b>                  | <b>Dennis Carlton</b>              |
| 3. Address: <b>1401 17th Street, Suite 1200</b>                              | No: <b>(303) 298-8100</b>          |
| City: <b>Denver</b> State: <b>CO</b> Zip: <b>80202</b>                       | Fax: <b>(303) 298-7800</b>         |
| 5. API Number: <b>05-071-06519</b>   | 6. OGCC Lease No: <b>N/A</b>       |
| 7. Well Name: <b>BGR</b> Number: <b>15-1</b>                                 |                                    |
| 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <b>NE/NE Sec.12-T34S-R65W</b> |                                    |
| 9. County: <b>Las Animas</b>   | 10. Field Name: <b>Long Canyon</b> |
| 11. Federal, Indian or State lease number: <b>N/A</b>                        |                                    |

|                            | Oper | OGCC |
|----------------------------|------|------|
| Survey Plat                |      |      |
| Directional Survey         |      |      |
| Surface Equipment Diagram  |      |      |
| Technical Information Page |      |      |
| Other                      |      |      |

**General Notice**

12.

Change well name from \_\_\_\_\_ to \_\_\_\_\_ Effective Date: \_\_\_\_\_

Change of location from \_\_\_\_\_ to \_\_\_\_\_

Abandoned Location. Is site ready for inspection?  Yes  No Effective Date: **9/5/98**  
Was location ever built?  Yes  No Permit No: **97-681**

Well first shut in or temporarily abandoned \_\_\_\_\_.  Notice of continued shut-in status.  
Has production equipment been removed from site?  Yes  No  
MIT required if shut in longer than two years. Date of last MIT: \_\_\_\_\_

Well resumed production on \_\_\_\_\_

Request for Confidential Status (6 months).

Final reclamation will commence approximately on \_\_\_\_\_.

Final reclamation is completed and site is ready for inspection. *Attach technical page describing final reclamation procedures per Rule 1000c.4.*

Change of Operator (prior to drilling). Effective Date: \_\_\_\_\_. Plugging bond:  Blanket  Individual

Spud Date \_\_\_\_\_.

**Technical Engineering/Environmental Notice**

13.

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"/> Commingle Zones   | <input type="checkbox"/> Request to Vent or Flare                                     | <input type="checkbox"/> E&P Waste Disposal  |
| <input type="checkbox"/> Intent to Recomplete <i>(Submit Form 2)</i>             | <input type="checkbox"/> Repair Well  | <input type="checkbox"/> Beneficial Reuse of E&P Waste                                     |
| <input type="checkbox"/> Change Drilling Plans                                   | <input type="checkbox"/> Convert Well to Injection (in an Approved Secondary Project) | <input type="checkbox"/> New Pit   |
| <input type="checkbox"/> Reservoir Stimulation                                   | <input type="checkbox"/> Additional Source Leases for Water Disposal Well             | <input type="checkbox"/> Landfarming   |
| <input type="checkbox"/> Perforating/Perfs Added                                 | <input type="checkbox"/> Other:   | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases |
| Gross Interval Changed?<br><input type="checkbox"/> Y <input type="checkbox"/> N |   |  |

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

Print Name **DENNIS CARLTON**  
Signed Dennis Carlton Title **PRESIDENT** Date: **1-14-02**

OGCC Approved: J. Glenn Title: **ET11** Date: **4 19 02**

CONDITIONS OF APPROVAL, IF ANY: