

Page 1
FORM
4
Rev 12/05State 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	2	3	4
<i>Rec'd Hetz 1/19/12 one</i>			

1. OGCC Operator Number: <u>10339</u>	4. Contact Name <u>David Segobia</u>	Complete the Attachment Checklist OP OGCC
2. Name of Operator: <u>Gulfport Energy Corp.</u>	Phone: <u>405-242-4977</u> Fax: <u>405-848-8816</u>	
3. Address: <u>14313 N May</u> City: <u>Oklahoma City</u> State: <u>OK</u> Zip: <u>73134</u>		
5. API Number <u>05-081-07664</u>	OGCC Facility ID Number <u>424085</u>	Survey Plat
6. Well/Facility Name: <u>State</u>	7. Well/Facility Number <u>41-14-1</u>	Directional Survey
8. Location (Qtr/Sec, Twp, Rng, Meridian): <u>Lot 13 Sec 14 T6N R91W Meridian 6</u>		Surface Equip Diagram
9. County: <u>Moffat</u>	10. Field Name: <u>Craig</u>	Technical Info Page
11. Federal, Indian or State Lease Number: _____		Other

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qr is substantive and requires a new permit)													
Change of Surface Footage from Exterior Section Lines:	FNL/FSL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
Change of Surface Footage to Exterior Section Lines:	FEL/FWL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
Bottomhole location 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: _____	attach directional survey												
GPS DATA: Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____													
<input type="checkbox"/> CHANGE SPACING UNIT Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____	<input type="checkbox"/> 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 From: _____ NUMBER _____ To: _____ Effective Date: _____												
<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: _____												
<input type="checkbox"/> SPUD DATE: _____	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)												
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries <table border="1"> <thead> <tr> <th>Method used</th> <th>Cementing tool setting/perf depth</th> <th>Cement volume</th> <th>Cement top</th> <th>Cement bottom</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date						
Method used	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom	Date								
<input type="checkbox"/> RECLAMATION: 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"/> Notice of Intent Approximate Start Date: _____	<input type="checkbox"/> 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"/> 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>soil samples</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	

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

Signed: David Segobia Date: 1/19/2012 Email: dsegobia@gulfportenergy.com
 Print Name: David Segobia Title: Sr. Reservoir Engineering Tech, CPT

COGCC Approved: [Signature] Title: Env. Sup. Date: 1/20/12

CONDITIONS OF APPROVAL, IF ANY:

COA's for Doc # 2221953 have been rescinded and no further action by the operator is required at this time. DSE 1/20/12

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 10339 API Number: 05-081-07664
2. Name of Operator: Gulfport Energy OGCC Facility ID #
3. Well/Facility Name: State Well/Facility Number: 41-14-1
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): Lot 13 Sec 14 T6N R91W 6th meridian

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

The cuttings for this well exceeded the TPH limitation of 500 mg/kg as set forth in the 910-1 table. Per conversation with Alex Fischer on 1-18-12, the COAs requiring a Form 27 for soil remediation shall be waived if load tickets are provided demonstrating that the cuttings from the State 41-14-1 were removed to an approved facility for disposal. Attached hereto are two invoices for transport of those cuttings to Lapoint, Utah for deposit.

OK ✓ ADF 1/20/12

TU AND FRUM, INC.

P.O. Box 146 Lapoint, Utah 84039
435-247-2377

WATER HAULING
No 28700

Date Oct 28 2011

Bill to Gulfport

Loc. Chg. to

DHS #20 RIG

To or From

STATE 41-14
Black Fire Tanks to
Lapoint Disposal

Customer P.O. No.

Humboldt

Driver

- Haul 115 Bbls mud to Lapoint
Disposal

Truck No.

7-1

Oil Bbls.

115

Loads

1

Start Hr.

M.

Stop Hr.

M.

Total

9.5

Hrs.

Per Hr.

\$100.00

Subtotal

\$950.00

Other Charges

\$1023.50

Total

\$1573.50

1582.50

Customer Signature

TU AND FRUM, INC.

P.O. Box 146 Lapoint, Utah 84039
435-247-2377

WATER HAULING
No 30348

Date 10-28-11

Bill to GULFPORT

Loc. Chg. to Dns 20

STATE 4/1-14

To or From DISPOSAL

Driver ANDERSON KREW / OK

Customer P.O. No.

9 Hrs @ 100⁰⁰ per Hr = 900⁰⁰

TRANSPORT MUD TO DISPOSAL
WASHOUT TRAILER

Disposal Charge 110 Bbls @ 5⁵⁰ per Bbl = 605⁵⁰

Camp Subsistence

Truck No.

#7

Oil Bbls.

110 Bbls

Loads

1

Start Hr.

M.

Stop Hr.

M.

Total

9

Hrs.

Per Hr.

100

Subtotal

900⁰⁰

Other Charges

605⁵⁰

Total

1,505⁵⁰

Customer Signature