

**State of Colorado**  
**Oil and Gas Conservation Commission**



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax:(303)894-2109

FOR OGCC USE ONLY

**NOTICE OF INTENT TO CONDUCT SEISMIC OPERATIONS**

SURETY ID: \_\_\_\_\_

Submit this Notice for each seismic program to be conducted within the State. A bond is required on State and fee lands in the amount of \$25,000 per Rule 705. OGCC Rule 333 is the guideline for all seismic operations. Submit Form 20A (Completion Report for Seismic Operations) to the Commission within 60 days after the completion of the project.

**Complete the Attachment Checklist**

	Oper	OGCC
Program map(s)		
Seismic bond		

**Seismic Program**

Project Name and/or Number: \_\_\_\_\_

Acquisition Method:      2-D                      3-D

Energy Source:              Shot-hole              Vibroseis              Other (Describe): \_\_\_\_\_

Location: Township(s), Range(s) and Meridian(s) \_\_\_\_\_

County(ies): \_\_\_\_\_

Approximate Start Date: \_\_\_\_\_ Estimated Date of Completion: \_\_\_\_\_

Proposed Number of Line Miles: \_\_\_\_\_ Number of Holes/Mile: \_\_\_\_\_

**Shot Hole Information**

Size of Hole (inches): \_\_\_\_\_ Approximate Depth of Holes (feet): \_\_\_\_\_

Approximate Size of Charge (pounds): \_\_\_\_\_

Identifying Marks on Non-Metallic Plug: \_\_\_\_\_

Line Numbers: \_\_\_\_\_

Description of Hole Plugging Procedure: (if different than Rule 333, must obtain prior Director approval)

**Bonding Information**

Bonded Party: \_\_\_\_\_ Bonding Company: \_\_\_\_\_

**Seismic Contractor Information**

Seismic Contractor & Crew Number: \_\_\_\_\_

Permanent Address & Phone Number: \_\_\_\_\_

\_\_\_\_\_

Name of Local Contact & Phone Number (when available): \_\_\_\_\_

**Client Information**

Client Company: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Plugging Company Information**

Name of Hole Plugging Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

OGCC Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**