

State of Colorado
Oil and Gas Conservation Commission

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



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Document Number:

400455831

Date Received:

07/25/2013

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: 10352 Contact Name George Rooney
 Name of Operator: CM PRODUCTION LLC Phone: (303) 619-1908
 Address: 600 17TH STREET #2800 SOUTH Fax: ()
 City: DENVER State: CO Zip: 80202 Email: gbrooneyiv@yahoo.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 121 10714 00 OGCC Facility ID Number: 270438
 Well/Facility Name: CANNON Well/Facility Number: 33-24
 Location QtrQtr: NWSE Section: 24 Township: 2N Range: 49W Meridian: 6
 County: WASHINGTON Field Name: TAP
 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 _____ PDOP Reading _____ Date of Measurement _____
 Longitude _____ GPS Instrument Operator's Name _____

LOCATION CHANGE (all measurements in Feet)

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

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

FNL/FSL		FEL/FWL	
1980	FSL	1920	FEL

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

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Current **Surface** Location **From** QtrQtr NWSE Sec 24

Twp 2N Range 49W Meridian 6

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

Twp _____ Range _____ Meridian _____

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

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

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

Twp _____ Range _____

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

Twp _____ Range _____

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

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

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Current **Bottomhole** Location Sec _____ Twp _____

Range _____ ** attach deviated drilling plan

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 _____

Comments:

ENGINEERING AND ENVIRONMENTAL WORK

NOTICE OF CONTINUED TEMPORARILY ABANDONED STATUS

Indicate why the well is temporarily abandoned and describe future plans for utilization in the COMMENTS box below or provide as an attachment, as required by Rule 319.b.(3).

Date well temporarily abandoned _____ Has Production Equipment been removed from site? _____

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT _____

SPUD DATE: _____

TECHNICAL ENGINEERING AND ENVIRONMENTAL WORK

Details of work must be described in full in the COMMENTS below or provided as an attachment.

NOTICE OF INTENT Approximate Start Date 08/20/2013

REPORT OF WORK DONE Date Work Completed _____

<input type="checkbox"/> Intent to Recomplete (Form 2 also required)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Mangement Plan
<input type="checkbox"/> Change Drilling Plan	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Change	<input type="checkbox"/> Rule 502 variance requested. Must provide detailed info regarding request.	
<input checked="" type="checkbox"/> Other <u>Convert to Disposal</u>	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

1. Prep location and set/test deadman anchors.
2. MIRU.
3. Make sure well is dead, check surface casing pressure.
4. ND wellhead, NU BOP or stripping rubber.
5. Release tbg anchor & TOO H w/tbg, rods & pump, laying down rods & pump.
6. RIH w/tbg, 4 3/4" bit & scraper to CIBP & 3,900' KB. Tag CIBP and set down with full tbg weight.
7. TOO H w/tbg, bit, and scraper.
8. RU wireline & set wireline set cmt retainer @ 3,770'KB
9. RIH w/tbg and sting into cmt retainer. Collect D-sand water sample.
10. Stage squeeze cmt D-Sand perfs from 3,786-3,816' KB per cmt recommendation.
11. Sting out of retainer and reverse cmt out of tbg.
12. TOO H w/tbg and leave 15 stands in the hole.
13. SDON
14. RIH with 3 7/8" bit and tbg drill up cmt retainer and tag up on CIBP @ 3,900' KB.
15. Circulate bottoms up the short way twice.
16. TOO H w/tbg & bit.
17. RU perforators and perforate J-Sand disposal interval from 3,864-80' KB, 4jspf 90° phased.
18. ROOH with perforating gun and check to verify all shots fired.
19. TIH with tbg and pkr. Set packer @ 3,835' with tail joint. Load csg/tbg annulus w/packer fluid through bypass.
20. Rig up swab and collect J-Sand water sample for injection zone water analysis. Coordinate with Steve Masters to allow for a real time analysis on location at the time the water sample is collected.
21. Acidize J-sand interval w/5,000 gal of 15% HCL acid, calculate frac gradient from breakdown pressure.
22. Call State inspector to witness MIT (24hr notice)
23. SDFN.
24. Perform step-rate test on J-Sand interval to determine injectivity, and confirm frac pressure and frac gradient. Make sure each subsequent lower injection rate below frac rate uses the same injection time period.
25. Perform csg MIT test.
26. Slack off 85% of tbg weight.
27. ND BOP or stripping rubber, & NU wellhead.
28. RD, move off.

CASING AND CEMENTING CHANGES

Casing Type	Size	Of	/	Hole	Size	Of	/	Casing	Wt/Ft	Csg/LinTop	Setting Depth	Sacks of Cement	Cement Bottom	Cement Top

H2S REPORTING

Data Fields in this section are intended to document Sample and Location Data associated with the collection of a Gas Sample that is submitted for Laboratory Analysis.

Gas Analysis Report must be attached.

H2S Concentration: _____ in ppm (parts per million)

Date of Measurement or Sample Collection _____

Description of Sample Point:

Absolute Open Flow Potential _____ in CFPD (cubic feet per day)

Description of Release Potential and Duration (If flow is not open to the atmosphere, identify the duration in which the container or pipeline would likely be opened for servicing operations.):

Distance to nearest occupied residence, school, church, park, school bus stop, place of business, or other areas where the public could reasonably be expected to frequent: _____

Distance to nearest Federal, State, County, or municipal road or highway owned and principally maintained for public use: _____

COMMENTS:

Best Management Practices	
No BMP/COA Type	Description

Operator Comments:

[Empty box for 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: George Rooney
Title: Petroleum Engineer Email: gbrooneyiv@yahoo.com Date: 7/25/2013

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

COGCC Approved: ONYSKIW, DENISE Date: 8/12/2013

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	1) Submit Form 42 24-hours before MIRU. 2) Analyze water from formation for total dissolved solids, forward report to Denise Onyskiw at COGCC. 3) Submit another Form 42 TEN DAYS prior to mechanical integrity test.
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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Work procedure changed via email from George Rooney received August 8, 2013.	8/12/2013 3:47:03 PM

Total: 1 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400455831	FORM 4 SUBMITTED

Total Attach: 1 Files