

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:
400465413

Date Received:
08/08/2013

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: 10447 Contact Name Shauna Redican

Name of Operator: URSA OPERATING COMPANY LLC Phone: (303) 508-8350

Address: 1050 17TH STREET #2400 Fax: ()

City: DENVER State: CO Zip: 80265 Email: sredican@ursaresources.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 19372 00 OGCC Facility ID Number: 416837

Well/Facility Name: McLin Well/Facility Number: B2

Location QtrQtr: NENE Section: 13 Township: 6S Range: 92W Meridian: 6

County: GARFIELD Field Name: KOKOPELLI

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 39.531077 PDOP Reading 2.4 Date of Measurement 08/05/2010

Longitude -107.608245 GPS Instrument Operator's Name Scott E. Aibner

LOCATION CHANGE (all measurements in Feet)

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

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

FNL/FSL		FEL/FWL	
<u>1247</u>	<u>FNL</u>	<u>463</u>	<u>FEL</u>
<u>1235</u>	<u>FNL</u>	<u>507</u>	<u>FEL</u>

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

Current **Surface** Location **From** QtrQtr NENE Sec 13 Twp 6S Range 92W Meridian 6

New **Surface** Location **To** QtrQtr NENE Sec 13 Twp 6S Range 92W Meridian 6

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

<u>301</u>	<u>FSL</u>	<u>1022</u>	<u>FEL</u>

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

Current **Top of Productive Zone** Location **From** Sec 12 Twp 6S Range 92W

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

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

<u>301</u>	<u>FNL</u>	<u>1022</u>	<u>FEL</u>

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

Current **Bottomhole** Location Sec 13 Twp 6S Range 92W ** attach deviated drilling plan

New **Bottomhole** Location Sec Twp Range

Is location in High Density Area? _____

Distance, in feet, to nearest building 1364, public road: 1565, above ground utility: 1450, railroad: 5280,
property line: 959, lease line: _____, well in same formation: _____

Ground Elevation 5648 feet Surface owner consultation date 03/17/2010

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 _____

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 type="checkbox"/> Other _____	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

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

<u>No BMP/COA Type</u>	<u>Description</u>

Operator Comments:

This Form 4 is being submitted to modify the SHL. There will be no changes to the BHL. Please note, there have not been substantive changes to the SHL which would require a Form 2. No building units have been identified within 1,000' of the wellhead. The distance to building reflects the distance to building unit as shown on the attached plat. This well is not within a UMA. The distance to nearest public road has been updated to reflect the SHL distance to Divde Creek Rd (West of Pad Location). Change in SHL will not impact pad design, size, and shape.

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

Signed: _____ Print Name: Shauna Redican
Title: Permit Representative Email: sredican@ursaresources.com Date: 8/8/2013

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

COGCC Approved: WESTERDALE, BARBARA Date: 8/20/2013

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

<u>COA Type</u>	<u>Description</u>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added comment that Change in SHL will not impact pad design, size, and shape. Per oper. corrected dist. to prop. line.	8/20/2013 10:56:39 AM

Total: 1 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400465413	FORM 4 SUBMITTED
400465471	WELL LOCATION PLAT

Total Attach: 2 Files