

State of Colorado
Oil and Gas Conservation Commission

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



DE	ET	OE	ES
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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: 10394 Contact Name Angie Galvan
 Name of Operator: CONDOR ENERGY TECHNOLOGY LLC Phone: (281) 7165730
 Address: 3315 HIGHWAY 50 Fax: ()
 City: SILVER SPRINGS State: NV Zip: 89429 Email: Angie.Galvan@stxra.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 087 08174 00 OGCC Facility ID Number: 433097
 Well/Facility Name: Wickstrom 18 Well/Facility Number: 1H
 Location QtrQtr: NENW Section: 18 Township: 6N Range: 60W Meridian: 6
 County: MORGAN Field Name: WILDCAT
 Federal, Indian or State Lease Number: _____

Survey Plat		
Directional Survey		
Srfc 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 40.494790 PDOP Reading 2.2 Date of Measurement 02/15/2013
 Longitude -104.141680 GPS Instrument Operator's Name Marc Woodard

LOCATION CHANGE (all measurements in Feet)

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

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

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

Current **Surface** Location **From** QtrQtr NENW Sec 18

New **Surface** Location **To** QtrQtr NENW Sec 18

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

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

Current **Top of Productive Zone** Location **From** Sec 7

New **Top of Productive Zone** Location **To** Sec 7

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

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

Current **Bottomhole** Location Sec 6 Twp 6N

New **Bottomhole** Location Sec Twp

Is location in High Density Area? No

Distance, in feet, to nearest building 10600, public road: 1590, above ground utility: 4650, railroad: 5820,

property line: 270, lease line: 0, well in same formation: 520

Ground Elevation 4700 feet Surface owner consultation date _____

FNL/FSL		FEL/FWL	
<u>270</u>	<u>FNL</u>	<u>1600</u>	<u>FWL</u>
<u>313</u>	<u>FNL</u>	<u>1599</u>	<u>FWL</u>
Twp <u>6N</u>	Range <u>60W</u>	Meridian <u>6</u>	
Twp <u>6N</u>	Range <u>60W</u>	Meridian <u>6</u>	
<u>660</u>	<u>FSL</u>	<u>1513</u>	<u>FWL</u>
<u>660</u>	<u>FSL</u>	<u>875</u>	<u>FWL</u> **
Twp <u>6N</u>	Range <u>60W</u>		
Twp <u>6N</u>	Range <u>60W</u>		
<u>660</u>	<u>FNL</u>	<u>660</u>	<u>FWL</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u> **

** attach deviated drilling plan

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

Operator Comments:

This sundry form is submitted to request approval to change the surface hole location slightly, the landing and bottom hole locations of the Wickstrom 18-1H. Please see directional plan.

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

Signed: _____ Print Name: Angie Galvan
Title: Regulatory Analyst Email: Angie.Galvan@stxra.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: SUTPHIN, DIRK Date: 12/30/2013

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	The remediation for the listed wells is Option #4 - no mitigation required for wells 800'-1500'. Will not stimulate 800' from Leona Butters well by setting an isolation packer. Measure and report production and surface casing pressures from the fracture treatments on completed wells within 1500'.
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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Operator replied: Wickstrom 18-1H – Plat attached; will not stimulate 800' from Leona Butters well by setting an isolation packer	12/30/2013 5:16:11 PM
Permit	Oper. confirmed that pad size is slightly smaller and therefore distances to cultural features have not changed. Attached revised location drawing.	10/31/2013 12:34:46 PM
Permit	Oper. needs to correct all distances for cultural features to reflect new SHL.	10/30/2013 4:06:07 PM
Engineer	On Hold - Wells within 1500' of the proposed directional plan lack adequate formation isolation as noted: 05-087-40031, LEONA BUTTERS 1, PA: no Nbr isolation 05-087-07751, KNAPPE 3, PR: OK due Nbr covered 05-087-07786, KNAPPE 12-7, PA: OK due 20 sx on stub at 5300 05-087-07100, NICKSON - DYER GROUP 2, DA: OK due 15 sx plug at 3180-3223 05-087-07771, BRADDEN 11-18, PA: OK due perf'd at 1650 CICR at 1600 sqzd 48 sx cmt + 2 sx on top, converted to WW 05-123-11437, FRANK 43-12, PA: OK due casing pulled at 4741', 25 sx at 1400' and 1200' 05-123-60006, WISEMAN 1, DA: no docs Emailed operator rep: Angie.Galvan@stxra.com, 8/15/13	8/15/2013 3:59:49 PM

Total: 4 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2157308	LOCATION DRAWING
400456288	FORM 4 SUBMITTED
400456310	DEVIATED DRILLING PLAN
400456311	WELL LOCATION PLAT
400456316	DIRECTIONAL DATA

Total Attach: 5 Files