

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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: 74250 Contact Name TOM BOWMAN
 Name of Operator: RESOURCE DEVELOPMENT TECHNOLOGY LLC Phone: (303) 716-3200
 Address: PO BOX 1020 Fax: (303) 716-5780
 City: MORRISON State: CO Zip: 80465 Email: colorado@usermail.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 017 07770 00 OGCC Facility ID Number: 434181
 Well/Facility Name: MITCHEK Well/Facility Number: 44-11-1445
 Location QtrQtr: SESE Section: 11 Township: 14S Range: 45W Meridian: 6
 County: CHEYENNE Field Name: HIDDEN ARROW
 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 _____ 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:

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

Current **Surface** Location **From** QtrQtr SESE Sec 11

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

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 _____

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

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

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

Current **Bottomhole** Location Sec _____ Twp _____

New **Bottomhole** Location Sec _____ Twp _____

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 _____

FNL/FSL		FEL/FWL	
<u>1300</u>	<u>FSL</u>	<u>945</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>14S</u>	Range <u>45W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
_____	_____	_____	_____
_____	_____	_____	_____
Twp _____	Range _____		
Twp _____	Range _____		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**

**

** 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 04/15/2014

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 checked="" 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:

NOTIFICAION TO CHANGE CASING PROGRAM TO RUN 13-3/8" SURFACE CASING (INSTEAD OF 8-5/8" SURFACE CASING) AND RUN +/-1700' OF 8-5/8" INTERMEDIATE CASING IF LOST CIRCULATION IS ENCOUNTERED. STAGE TOOL CMT TO COVER A MINIMUM OF 2550' - 1850'. NO SEPARATE CBL REQUIRED OR PLANNED FOR 8-5/8" CASING. IF DRY HOLE, CMT PLUGS TO BE SET PER COGCC REQUIREMENTS.

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
Surface String	17	1		2	13	3		8	48	0	400	375	400	0
First String	12	1		4	8	5		8	24	0	1700	100	1700	1200
Second String	7	7		8	5	1		2	15.5	0	5600	250	5600	4100
Stage Tool											3050	300	3050	0

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:

<u>Best Management Practices</u>	
<u>No BMP/COA Type</u>	<u>Description</u>

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: TOM BOWMAN
Title: OPERATIONS MANAGER Email: colorado@usermail.com Date: 3/26/2014

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: 3/26/2014

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	Provide cement coverage from TD to 200' above the shallowest completed interval or Morrow whichever is higher and across Cheyenne/Dakota (2550' to 1850'). Note this (1850') is 100' higher than on the previous APD and Sundry. Run and submit CBL to verify.
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General Comments

User Group	Comment	Comment Date
Engineer	Agreed to no CBL on intermediate proposed at 1750', which is above the Dkta top (estimated at 1920'). Therefore confirming the exact TOC on intermediate is not critical for zonal isolation.	3/26/2014 12:36:18 PM

Total: 1 comment(s)

Attachment Check List

Att Doc Num	Name
400579043	FORM 4 SUBMITTED

Total Attach: 1 Files