

State of Colorado
Oil and Gas Conservation Commission

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



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Date Received:			

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: 10456 Contact Name Shauna DeMattee
 Name of Operator: CAERUS PICEANCE LLC Phone: (720) 299-4495
 Address: 600 17TH STREET #1600N Fax: ()
 City: DENVER State: CO Zip: 80202 Email: sdemattee@progressivepcs.net

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 22402 00 OGCC Facility ID Number: 437047
 Well/Facility Name: ISLAND RANCH Well/Facility Number: 21C-24
 Location QtrQtr: LOT 11 Section: 13 Township: 7S Range: 96W Meridian: 6
 County: GARFIELD Field Name: PARACHUTE
 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 39.433758 PDOP Reading 1.6 Date of Measurement 02/20/2014
 Longitude -108.064231 GPS Instrument Operator's Name Robert L. Kay

LOCATION CHANGE (all measurements in Feet)

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

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

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

Current **Surface** Location **From** QtrQtr LOT 11 Sec 13

New **Surface** Location **To** QtrQtr LOT 11 Sec 13

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 24

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 24 Twp 7S

New **Bottomhole** Location Sec _____ Twp _____

Is location in High Density Area? No

Distance, in feet, to nearest building 1970, public road: 939, above ground utility: 2035, railroad: 868,

property line: 965, lease line: _____, well in same formation: _____

Ground Elevation 5056 feet Surface owner consultation date 02/10/2014

FNL/FSL		FEL/FWL	
<u>1287</u>	<u>FSL</u>	<u>1063</u>	<u>FWL</u>
<u>1294</u>	<u>FSL</u>	<u>1062</u>	<u>FWL</u>
Twp <u>7S</u>	Range <u>96W</u>	Meridian <u>6</u>	
Twp <u>7S</u>	Range <u>96W</u>	Meridian <u>6</u>	
<u>832</u>	<u>FNL</u>	<u>1980</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>7S</u>	Range <u>96W</u>		
Twp _____	Range _____		
<u>832</u>	<u>FNL</u>	<u>1980</u>	<u>FWL</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 06/03/2014

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:

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 Form 4 sundry is being submitted to modify the SHL for the subject well. The SHL has been modified for anti-collision purposes. The proposed SHL will not impact the design or size of the built pad. There have been no changes to the BHL, mineral lease information, or casing and cement program. The cultural distances have been updated for the revised SHL. Please refer to the attached revised location plat, deviated drilling plan, and directional data for revisions.

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

Signed: _____ Print Name: Shauna DeMattee
Title: Permit Representative Email: sdemattee@progressivepcs.net Date: _____

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

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

General Comments

User Group

Comment

Comment Date

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

400618390	WELL LOCATION PLAT
400618392	DIRECTIONAL DATA
400618396	DEVIATED DRILLING PLAN

Total Attach: 3 Files