

FORM  
4  
Rev 12/05

Page 1

State of Colorado  
Oil and Gas Conservation Commission

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



SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form). Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b).

1. OGCC Operator Number: 10456	4. Contact Name: Ed Winters	Complete the Attachment Checklist OGCC
2. Name of Operator: Caerus Piceance LLC	Phone: 970-285-9605	
3. Address: 120 Railroad Ave. STE D	Fax: 970-285-9619	
City: Parachute State: CO Zip: 81635		
5. API Number: See attached form	OGCC Facility ID Number:	Survey Plat
6. Well/Facility Name:	7. Well/Facility Number:	Directional Survey
8. Location (Qtr/Sec, Twp, Rng, Meridian):		Surface Eqpmt Diagram
9. County:	10. Field Name:	Technical Info Page
11. Federal, Indian or State Lease Number:		Other <input checked="" type="checkbox"/>

General Notice

☐ CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines: ☐ FNU/SL ☐ FNU/FWL

Change of Surface Footage to Exterior Section Lines: ☐

Change of Bottomhole Footage from Exterior Section Lines: ☐

Change of Bottomhole Footage to Exterior Section Lines: ☐ attach directional survey

Bottomhole location Qtr/Sec, Twp, Rng, Mer: \_\_\_\_\_

Latitude: \_\_\_\_\_ Distance to nearest property line: \_\_\_\_\_ Distance to nearest bldg, public rd, utility or RR: \_\_\_\_\_

Longitude: \_\_\_\_\_ Distance to nearest lease line: \_\_\_\_\_ Is location in a High Density Area (rule 603b)? Yes/No: ☐

Ground Elevation: \_\_\_\_\_ Distance to nearest well same formation: \_\_\_\_\_ Surface owner consultation date: \_\_\_\_\_

GPS DATA:  
Date of Measurement: \_\_\_\_\_ PDOP Reading: \_\_\_\_\_ Instrument Operator's Name: \_\_\_\_\_

☐ CHANGE SPACING UNIT: Formation: \_\_\_\_\_ Formation Code: \_\_\_\_\_ Spacing order number: \_\_\_\_\_ Unit Acreage: \_\_\_\_\_ Unit configuration: \_\_\_\_\_

☐ Remove from surface bond  
Signed surface use agreement attached: \_\_\_\_\_

☐ CHANGE OF OPERATOR (prior to drilling):  
Effective Date: \_\_\_\_\_  
Plugging Bond: ☐ Blanket ☐ Individual

☐ CHANGE WELL NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_  
From: \_\_\_\_\_  
To: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

☐ ABANDONED LOCATION:  
Was location ever built? ☐ Yes ☐ No  
Is site ready for inspection? ☐ Yes ☐ No  
Date Ready for inspection: \_\_\_\_\_

☐ NOTICE OF CONTINUED SHUT IN STATUS  
Date well shut in or temporarily abandoned: \_\_\_\_\_  
Has Production Equipment been removed from site? ☐ Yes ☐ No  
MIT required if shut in longer than two years. Date of last MIT: \_\_\_\_\_

☐ SPUD DATE: \_\_\_\_\_

☐ REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set): \_\_\_\_\_

☐ SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK  
Method used: \_\_\_\_\_ Cementing tool setting/depth: \_\_\_\_\_ Cement volume: \_\_\_\_\_ Cement top: \_\_\_\_\_ Cement bottom: \_\_\_\_\_ Date: \_\_\_\_\_  
\*submit cbl and cement job summaries

☐ RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.  
Final reclamation will commence on approximately: \_\_\_\_\_ ☐ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

☐ Notice of Intent  
Approximate Start Date: \_\_\_\_\_

☐ Report of Work Done  
Date Work Completed: \_\_\_\_\_

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 5C2 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: PBV Removal	for Spills and Releases

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

Signed: Edward T. Winters Date: 6 May 2014 Email: ewinters@caerusoilandgas.com  
Print Name: Edward T. Winters Title: EHS Professional

OGCC Approved: Carolyn Bujak Title: EPS NW Region Date: 05/09/2014

CONDITIONS OF APPROVAL, IF ANY:

PBV Removal  
Carolyn Bujak

2014 ✓

See  
/REM #8164/

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 10456 API Number: \_\_\_\_\_  
 2. Name of Operator: Caerus Piceance LLC OGCC Facility ID # \_\_\_\_\_  
 3. Well/Facility Name: \_\_\_\_\_ Well/Facility Number: \_\_\_\_\_  
 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): \_\_\_\_\_

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Caerus Piceance LLC (Caerus) is submitting this Form 4 to provide a list of partially buried vessels (PBVs) which are scheduled to be removed in the spring/summer months of 2014. The anticipated completion date for the removal of the listed PBVs is October 1, 2014. A Form 19 Spill/Release report will be submitted to the COGCC if it is determined that impacts associated from the PBV exceed the requirements set forth in COGCC Rule 905.

The listed locations have been approved under the previously submitted Form 27 Remediation Workplan in accordance with Rule 906b. See Remediation #8164.

If Upon removal of each vault and successful remediation of any impacted soil associated with the vault, a Notice of Completion report will be submitted to the COGCC for project closure.

API Number	County	Facility Name	Facility Number	Well Name	Well Number	Location (Qtr.Qtr, Sec, Twp, Rng, Meridian)	NON-FACILITY
05-045-13493	Garfield	Chevron 12B-17D (Parachute Creek 3)	335581	Chevron	12B-17D	SENW, Sec 17, T6S, R96W, 6th PM	435761
05-045-13380	Garfield	Chevron 13D-17D (Parachute Creek 1)	335780	Chevron	13D-17D	SESW, Sec 17, T6S, R96W, 6th PM	—
05-045-12145	Garfield	Chevron 1B-8D (Garden Gulch 1)	335502	Chevron	1B-8D	SWNW, Sec 8, T6S, R96W, 6th PM	435778
05-045-13759	Garfield	Chevron 31B-7D (Garden Gulch 3)	335652	Chevron	31B-7D	SENE, Sec 7, T6S, R96W, 6th PM	435779
05-045-09433	Garfield	Chevron/Texaco 33C-12D (Garden Gulch 5)	335776	Chevron/Texaco	33C-12D	SESE, Sec 12, T6S, R97W, 6th PM	435780
05-045-09435	Garfield	Chevron/Texaco 24C-12D (Garden Gulch 6)	335774	Chevron/Texaco	24C-12D	SWSE, Sec 12, T6S, R97W, 6th PM	435781

(\*) Caerus, please provide exact coordinates of the PBV, to create Non-Facility ID.