

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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DE	ET	OE	ES
Document Number: 400632277			
Date Received: 06/25/2014			

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: 10150 Contact Name Jessica Donahue
 Name of Operator: BLACK HILLS PLATEAU PRODUCTION LLC Phone: (720) 210-1333
 Address: 1515 WYNKOOP ST STE 500 Fax: (303) 566-3344
 City: DENVER State: CO Zip: 80202 Email: Jessica.Donahue@blackhillscorp.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 21934 00 OGCC Facility ID Number: 432258
 Well/Facility Name: Homer Deep Unit Well/Facility Number: 9-41BH
 Location QtrQtr: NENE Section: 9 Township: 8S Range: 98W Meridian: 6
 County: GARFIELD Field Name: SOUTH SHALE RIDGE
 Federal, Indian or State Lease Number: COC052682

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 39.379580 PDOP Reading 1.0 Date of Measurement 05/30/2014
 Longitude -108.323230 GPS Instrument Operator's Name Paul Reid

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 NENE Sec 9

New **Surface** Location **To** QtrQtr NENE Sec 9

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 10

New **Top of Productive Zone** Location **To** Sec 10

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

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

Current **Bottomhole** Location Sec 14 Twp 8S

New **Bottomhole** Location Sec 14 Twp 8S

Is location in High Density Area? No

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>474</u>	<u>FNL</u>	<u>240</u>	<u>FEL</u>
<u>504</u>	<u>FNL</u>	<u>245</u>	<u>FEL</u>
Twp <u>8S</u>	Range <u>98W</u>	Meridian <u>6</u>	
Twp <u>8S</u>	Range <u>98W</u>	Meridian <u>6</u>	
<u>1108</u>	<u>FNL</u>	<u>280</u>	<u>FWL</u>
<u>1133</u>	<u>FNL</u>	<u>119</u>	<u>FWL</u> **
Twp <u>8S</u>	Range <u>98W</u>		
Twp <u>8S</u>	Range <u>98W</u>		
<u>1575</u>	<u>FSL</u>	<u>268</u>	<u>FWL</u>
<u>1575</u>	<u>FSL</u>	<u>267</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 06/27/2014

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
Conductor casing	30				20				Line	0	120	320	120	0
Surface String	14	3		4	10	3		4	40.5	0	1100	469	1100	0
First String	9	7		8	7	5		8	29.7	0	6470	1020	6470	900
Second String	6	1		8	5	1		2	17	0	6300		6300	
1ST TAPER	6	1		8	4	1		2	11.6	6300	17145	960	17145	6270

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:

[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: Jessica Donahue
Title: Regulatory Technician Email: Jessica.Donahue@blackhillscorp.com Date: 6/25/2014

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

COGCC Approved: WESTERDALE, BARBARA Date: 7/3/2014

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	the attachment labeled "other" is not for this well. the Multi-well plan doc is also not for this well. the dir data & dev. plan casing data differ from that originally on this sundry. will ask for clarification. 7/2: "corrected"
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General Comments

User Group	Comment	Comment Date
Permit	Renamed attachment labeled Other as Well location plat which also includes drilling plan.	7/3/2014 5:37:01 PM
Permit	Returned to draft for oper. corrections: casing setting depth does not agree with MTD on dev. drlg. plan.	7/2/2014 11:01:06 AM

Total: 2 comment(s)

Attachment Check List

Att Doc Num	Name
400632277	FORM 4 SUBMITTED
400638304	WELL LOCATION PLAT
400638312	DEVIATED DRILLING PLAN
400638634	DEVIATED DRILLING PLAN

Total Attach: 4 Files