

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
Document Number: 400634917			
Date Received: 06/27/2014			

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: 8960 Contact Name Keith Caplan
 Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY LLC Phone: (720) 440-6100
 Address: 410 17TH STREET SUITE #1400 Fax: (720) 279-2331
 City: DENVER State: CO Zip: 80202 Email: KCaplan@BonanzaCRK.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 39519 00 OGCC Facility ID Number: 437400
 Well/Facility Name: North Platte Well/Facility Number: O-K-24HNB
 Location QtrQtr: SESW Section: 24 Township: 5N Range: 63W Meridian: 6
 County: WELD Field Name: WATTENBERG
 Federal, Indian or State Lease Number: _____

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 40.378678 PDOP Reading 1.3 Date of Measurement 12/19/2013
 Longitude -104.388812 GPS Instrument Operator's Name Rob Wilson

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 SESW Sec 24

New **Surface Location To** QtrQtr SESW Sec 24

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 24

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

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

Current **Bottomhole Location** Sec 24 Twp 5N Range 63W

New **Bottomhole Location** Sec 24 Twp 5N Range 63W

Is location in High Density Area? No

Distance, in feet, to nearest building 557, public road: 5280, above ground utility: 452, railroad: 5280,
 property line: 461, lease line: 0, well in same formation: 670

Ground Elevation 4567 feet Surface owner consultation date _____

FNL/FSL		FEL/FWL	
<u>461</u>	<u>FSL</u>	<u>1399</u>	<u>FWL</u>
<u>461</u>	<u>FSL</u>	<u>1359</u>	<u>FWL</u>
Twp <u>5N</u>	Range <u>63W</u>	Meridian <u>6</u>	
Twp <u>5N</u>	Range <u>63W</u>	Meridian <u>6</u>	
<u>631</u>	<u>FSL</u>	<u>2628</u>	<u>FWL</u>
<u>631</u>	<u>FSL</u>	<u>2578</u>	<u>FWL</u> **
Twp <u>5N</u>	Range <u>63W</u>		
Twp <u>5N</u>	Range <u>63W</u>		
<u>470</u>	<u>FNL</u>	<u>2692</u>	<u>FWL</u>
<u>470</u>	<u>FNL</u>	<u>2642</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
Surface String	13	1		2	9	5		8	36	0	410	200	410	0
First String	8	3		4	7				26	0	6760	500	6760	2500
1ST LINER	6	1		8	4	1		2	11.6	6660	11097			

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:

Re-arranging wellhead to facilitate anti-collision.

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

Signed: _____ Print Name: Keith Caplan
Title: Sr. Regulatory Specialist Email: KCaplan@BonanzaCRK.com Date: 6/27/2014

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

COGCC Approved: JENKINS, STEVE Date: 7/22/2014

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

<u>COA Type</u>	<u>Description</u>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

400634917	FORM 4 SUBMITTED
400634930	WELL LOCATION PLAT
400634932	DEVIATED DRILLING PLAN
400635332	DIRECTIONAL DATA

Total Attach: 4 Files