

State of Colorado Oil and Gas Conservation Commission

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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: 69175 Contact Name Julie Webb
 Name of Operator: PDC ENERGY INC Phone: (303) 831-3933
 Address: 1775 SHERMAN STREET - STE 3000 Fax: ()
 City: DENVER State: CO Zip: 80203 Email: julie.webb@pdce.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 38968 00 OGCC Facility ID Number: 436187
 Well/Facility Name: Becker Ranch Well/Facility Number: 5R-203
 Location QtrQtr: NWNE Section: 5 Township: 3N Range: 64W 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 40.261180 PDOP Reading 1.7 Date of Measurement 04/22/2014
 Longitude -104.571650 GPS Instrument Operator's Name Adam Kelly

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 NWNE Sec 5

New **Surface** Location **To** QtrQtr NWNE Sec 5

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 5

New **Top of Productive Zone** Location **To** Sec 5

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

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

Current **Bottomhole** Location Sec 5 Twp 3N

New **Bottomhole** Location Sec 5 Twp 3N

Is location in High Density Area? No

Distance, in feet, to nearest building 842, public road: 1748, above ground utility: 1000, railroad: 5280,

property line: 210, lease line: 0, well in same formation: 106

Ground Elevation 4780 feet Surface owner consultation date 06/04/2014

FNL/FSL		FEL/FWL	
<u>211</u>	<u>FNL</u>	<u>1815</u>	<u>FEL</u>
<u>210</u>	<u>FNL</u>	<u>1755</u>	<u>FEL</u>
Twp <u>3N</u>	Range <u>64W</u>	Meridian <u>6</u>	
Twp <u>3N</u>	Range <u>64W</u>	Meridian <u>6</u>	
<u>820</u>	<u>FNL</u>	<u>1486</u>	<u>FEL</u>
<u>819</u>	<u>FNL</u>	<u>1462</u>	<u>FEL</u> **
Twp <u>3N</u>	Range <u>64W</u>		
Twp <u>3N</u>	Range <u>64W</u>		
<u>500</u>	<u>FSL</u>	<u>1465</u>	<u>FEL</u>
<u>500</u>	<u>FSL</u>	<u>1440</u>	<u>FEL</u> **

** attach deviated drilling plan

CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT				
Objective Formation	Formation Code	Spacing Order Number	Unit Acreage	Unit Configuration

OTHER CHANGES

☐ REMOVE FROM SURFACE BOND
 Signed surface use agreement is a required attachment

☒ CHANGE OF WELL, FACILITY OR OIL & GAS LOCATION NAME OR NUMBER
 From:
 Name
 BECKER RANCH
 Number
 5R-203
 Effective Date:
 08/25/2014
 To:
 Name
 Becker Ranch
 Number
 5R-303

☐ ABANDON PERMIT: Permit can only be abandoned if the permitted operation has NOT been conducted. Field inspection will be conducted to verify site status.

☐ WELL: Abandon Application for Permit-to-Drill (Form2) – Well API Number _____ has not been drilled.
 ☐ PIT: Abandon Earthen Pit Permit (Form 15) – COGCC Pit Facility ID Number _____ has not been constructed (Permitted and constructed pit requires closure per Rule 905)
 ☐ CENTRALIZED E&P WASTE MANAGEMENT FACILITY: Abandon Centralized E&P Waste Management Facility Permit (Form 28) – Facility ID Number _____ has not been constructed (Constructed facility requires closure per Rule 908)

 OIL & GAS LOCATION ID Number: _____

☐ Abandon Oil & Gas Location Assessment (Form 2A) – Location has not been constructed and site will not be used in the future.
 ☐ Keep Oil & Gas Location Assessment (Form 2A) active until expiration date. This site will be used in the future.

 Surface disturbance from Oil and Gas Operations must be reclaimed per Rule 1003 and Rule 1004.

☐ REQUEST FOR CONFIDENTIAL STATUS
 ☐ DIGITAL WELL LOG UPLOAD
 ☐ DOCUMENTS SUBMITTED
 Purpose of Submission: _____

RECLAMATION

INTERIM RECLAMATION

☐ Interim Reclamation will commence approximately _____
Per Rule 1003.e.(3) operator shall submit Sundry Notice reporting interim reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

☐ Interim reclamation complete, site ready for inspection.
Per Rule 1003.e(3) describe interim reclamation procedure in Comments below or provide as an attachment and attach required location photographs.

Field inspection will be conducted to document Rule 1003.e. compliance

FINAL RECLAMATION

☐ Final Reclamation will commence approximately _____
Per Rule 1004.c.(4) operator shall submit Sundry Notice reporting final reclamation is complete and site is ready for inspection when vegetation reaches 80% coverage.

☐ Final reclamation complete, site ready for inspection. Per Rule 1004.c(4) describe final reclamation procedure in Comments below or provide as an attachment.

Field inspection will be conducted to document Rule 1004.c. compliance

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 08/25/2014

☐ 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		4	9	5		8	36	0	875	830	875	0
First String	8	3		4	7				26	0	7324	650	7324	500
1ST LINER	6	1		8	4	1		2	13.5	6119	11309			

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

1	Drilling/Completion Operations	Wellbore Fracturing Stimulation Operator will comply with COGCC Policy for Bradenhead Monitoring During Hydraulic Fracturing Treatments in the Greater Wattenberg Area dated May 29, 2012. The Colorado Oil and Gas Conservation Commission (COGCC) has established this Policy Regarding Bradenhead Monitoring During Hydraulic Fracturing Treatments ("Treatment") in the Greater Wattenberg Area ("GWA") pursuant to COGCC 207.a. ("Policy"). This Policy applies to oil and gas operations in the GWA as defined by the COGCC Rules of Practice and Procedure.
2	Drilling/Completion Operations	Anti-Collision Prior to drilling operations, Operator will perform an anti-collision scan of existing offset wells that have the potential of being within close proximity of the proposed well. This anti-collision scan will include definitive MWD or gyro surveys of the offset wells with included error of uncertainty per survey instrument, and compared against the proposed wellpath with its respective error of uncertainty. If current surveys do not exist for the offset wells, Operator may have gyro surveys conducted to verify bottomhole location. The proposed well will only be drilled if the anti-collision scan results indicate that there is not a risk for collision, or harm to people or the environment. For the proposed well, upon conclusion of drilling operations, an as-constructed gyro survey will be submitted to COGCC with the Form 5.

Total: 2 comment(s)

Operator Comments:

SHL, Casing point and BHL changed. Formation and Proposed spacing unit did not change. 317.o. Exception Waiver attached. PDC request an exception to rule 317.o.: PDC will not run an open hole log or cased hole log.

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

Signed: _____ Print Name: Julie Webb
Title: Regulatory Analyst Email: julie.webb@pdce.com Date: 7/25/2014

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description
	<p>1) Submit Form 42 electronically to COGCC 48 hours prior to MIRU.</p> <p>2) Comply with Rule 317.i and provide cement coverage from end of 7" casing to a minimum of 200' above Niobrara and from 200' below the Sussex to 200' above Sussex. Verify coverage with cement bond log.</p> <p>3) Comply with Rule 321. Run and submit Directional Survey from TD to base of surface casing. Ensure that the wellbore complies with setback requirements in commission orders or rules prior to producing the well.</p>
	<p>Operator acknowledges the proximity of the listed wells. Operator agrees to provide mitigation Option 4 (per the DJ Basin Horizontal Offset Policy), ensure all applicable documentation is submitted, and submit a Form 42(s) ("OFFSET MITIGATION COMPLETED") for the remediated wells, referencing the API Number of the proposed horizontal well(s) stating what appropriate mitigation occurred and that it has been completed, prior to the hydraulic stimulation of this well. Use of Option 4 is contingent upon completion of successful Bradenhead test and submission of form 17 that shows the well is in compliance with the COGCC "Policy for Special Bradenhead Testing Area in Weld County" dated 12/16/2009. Option 4 remediation will include pulling tubing, installing at least 2 RBPs, pressure test of casing, installing a 5K wellhead, and onsite monitoring of the Bradenhead during hydraulic stimulation of offset wells within a 1500' radius.</p> <p>Becker 5-1 API 123-12297 Becker 5-2 API 123-13742 Becker 5-6 API 123-13763 Becker 5-10 API 123-16974 Becker 5-3 API 123-17299 Becker 5-11 API 123-17300 Becker 5-12 API 123-17301 Becker 5-13 API 123-17302 Becker 5-4 API 123-18179 Becker 5-15 API 123-18182 Becker 6 API 123-22594</p>
	<p>Operator acknowledges the proximity of the listed wells. Operator agrees to provide mitigation Option 1 or 2 (per the DJ Basin Horizontal Offset Policy), ensure all applicable documentation is submitted, and submit a Form 42(s) ("OFFSET MITIGATION COMPLETED") for the remediated wells, referencing the API Number of the proposed horizontal well(s) stating what appropriate mitigation occurred and that it has been completed, prior to the hydraulic stimulation of this well.</p> <p>Becker 5-5 API 123-13838 Becker 5-16 API 123-18181</p>
	<p>Operator acknowledges the proximity of the listed non-operated wells. Operator agrees to provide mitigation Option 1 or 2 (per the DJ Basin Horizontal Offset Policy), ensure all applicable documentation is submitted, and submit Form 42(s) ("OFFSET MITIGATION COMPLETED") for the remediated wells, referencing the API Number of the proposed horizontal well(s) stating what appropriate mitigation occurred and that it has been completed, prior to the hydraulic stimulation of this well.</p> <p>Pluss 32-43 API 123-15974</p>

Operator acknowledges the proximity of the listed non-operated wells. Operator agrees to provide mitigation Option 4 (per the DJ Basin Horizontal Offset Policy), ensure all applicable documentation is submitted, and submit Form 42(s) ("OFFSET MITIGATION COMPLETED") for the remediated wells, referencing the API Number of the proposed horizontal well(s) stating what appropriate mitigation occurred and that it has been completed, prior to the hydraulic stimulation of this well. Use of Option 4 is contingent upon completion of successful Bradenhead test and submission of form 17 that shows the well is in compliance with the COGCC "Policy for Special Bradenhead Testing Area in Weld County" dated 12/16/2009. Option 4 remediation will include pulling tubing, installing at least 2 RBPs, pressure test of casing, installing a 5K wellhead, and onsite monitoring of the Bradenhead during hydraulic stimulation of offset wells within a 1500' radius.

PTF C32-16 API 123-14880
McGuirk-Howell C 32-14 API 123-15882
Ruby Red D 8-2 API 123-16885

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Request for Exception to Open Hole Logging Rule 317.o letter attached.	8/6/2014 12:01:32 PM
Permit	Operator requests approval of an Anti-Collision Waiver for Rule 318Am. Wellbore is to be located less than 150' from an existing wellbore. Request and waivers attached.	8/6/2014 12:01:31 PM

Total: 2 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400651158	FORM 4 SUBMITTED
400651174	WELL LOCATION PLAT
400651175	WAIVERS
400651176	DEVIATED DRILLING PLAN
400651179	DIRECTIONAL DATA
400651237	OPEN HOLE LOGGING EXCEPTION

Total Attach: 6 Files