

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: 400599451			
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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 39030 00 OGCC Facility ID Number: 436273
 Well/Facility Name: Becker Ranch Well/Facility Number: 5U-203
 Location QtrQtr: NENE Section: 5 Township: 3N Range: 64W Meridian: 6
 County: WELD Field Name: WATTENBERG
 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 _____ PDOP Reading _____ Date of Measurement _____
 Longitude _____ GPS Instrument Operator's Name _____

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 5

New **Surface** Location **To** QtrQtr _____ Sec _____

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 1286, public road: 1729, above ground utility: 1084, railroad: 5280,

property line: 205, lease line: 0, well in same formation: 465

Ground Elevation 4783 feet Surface owner consultation date 06/04/2014

FNL/FSL		FEL/FWL	
<u>205</u>	<u>FNL</u>	<u>700</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>3N</u>	Range <u>64W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>825</u>	<u>FNL</u>	<u>167</u>	<u>FEL</u>
<u>824</u>	<u>FNL</u>	<u>192</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>145</u>	<u>FEL</u>
<u>500</u>	<u>FSL</u>	<u>170</u>	<u>FEL</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 08/04/2014

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	7376	650	7376	500
1ST LINER	6	1		8	4	1		2	13.5	6166	11348			

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:

Only the Well name and BHL are changing. The PSU and formation will remain the same as originally permitted. Distance to nearest well Becker 5-10 measured to via the Anti-Collision Report in the Deviated Drilling plan.

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: 7/28/2014

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

COGCC Approved: SCHLAGENHAUF, MARK Date: 8/22/2014

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description
	<p>1) Submit Form 42 electronically to COGCC 48 hours prior to MIRU. 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. 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 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>Marie D 4-4 API 123-13111 Marie D 4-12 API 123-13182 Lindsay C33-13 API 123-14712 PTF C32-16 API 123-14880 Marie D 4-5 API 123-15121 Marie D 4-13 API 123-15142 Pluss 32-43 API 123-15974</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 5-6 API 123-13763</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 5-3 API 123-17299 Becker 5-11 API 123-17300 Becker 5-16 API 123-18181</p>
	<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.</p> <p>PTF C32-16 API 123-14880 Ruby Red D 8-2 API 123-16885</p>

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.	8/13/2014 10:36:39 AM

Total: 1 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400599451	FORM 4 SUBMITTED
400599486	WELL LOCATION PLAT
400620193	DEVIATED DRILLING PLAN
400620196	DIRECTIONAL DATA
400620937	OPEN HOLE LOGGING EXCEPTION
400651753	OFFSET WELL EVALUATION

Total Attach: 6 Files