

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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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: <u>69175</u>	Contact Name <u>Julie Webb</u>
Name of Operator: <u>PDC ENERGY INC</u>	Phone: <u>(303) 831-3933</u>
Address: <u>1775 SHERMAN STREET - STE 3000</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>julie.webb@pdce.com</u>

Complete the Attachment
Checklist

OP OGCC

API Number : <u>05-</u> <u>123</u> <u>39028</u> <u>00</u>	OGCC Facility ID Number: <u>436271</u>
Well/Facility Name: <u>Becker Ranch</u>	Well/Facility Number: <u>5U-443</u>
Location QtrQtr: <u>NENE</u> Section: <u>5</u> Township: <u>3N</u> Range: <u>64W</u> Meridian: <u>6</u>	
County: <u>WELD</u> Field Name: <u>WATTENBERG</u>	
Federal, Indian or State Lease Number: <u></u>	

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 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 5New **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 5New **Top of Productive Zone** Location **To** Sec 5Change of **Bottomhole** Footage **From** Exterior Section Lines:Change of **Bottomhole** Footage **To** Exterior Section Lines:Current **Bottomhole** Location Sec 5 Twp 3NNew **Bottomhole** Location Sec 5 Twp 3NIs location in High Density Area? Distance, in feet, to nearest building 1264, public road: 1738, above ground utility: 1068, railroad: 5280,property line: 206, lease line: 0, well in same formation: 439Ground Elevation 4784 feet Surface owner consultation date 06/01/2014

FNL/FSL		FEL/FWL	
<u>206</u>	<u>FNL</u>	<u>730</u>	<u>FEL</u>
<u></u>	<u></u>	<u></u>	<u></u>
Twp <u>3N</u>	Range <u>64W</u>	Meridian <u>6</u>	
Twp <u></u>	Range <u></u>	Meridian <u></u>	
<u>734</u>	<u>FNL</u>	<u>496</u>	<u>FEL</u>
<u>734</u>	<u>FNL</u>	<u>398</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>475</u>	<u>FEL</u>
<u>500</u>	<u>FSL</u>	<u>377</u>	<u>FEL</u>
			**

** attach deviated drilling plan

CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT

<u>Objective Formation</u>	<u>Formation Code</u>	<u>Spacing Order Number</u>	<u>Unit Acreage</u>	<u>Unit Configuration</u>
CODELL	CODL		320	GWA

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 5U-443 Effective Date: _____

To: Name _____ Number _____

☐ **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 08/04/2014

☐ 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	7537	650	7537	500
1ST LINER	6	1		8	4	1		2	13.5	6225	11408			

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

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Operator Comments:

BHL and PSU are the only changes. 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: 7/28/2014

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>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 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>
	<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>
	<ol style="list-style-type: none"> 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>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>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Received Proposed Spacing Unit Map.	8/15/2014 8:52:59 AM
Permit	ON HOLD: requesting PSU map.	8/13/2014 10:48:36 AM
Permit	Operator has changed the PSU to include: W2W2 of Sec. 4 and E2E2 of Sec. 5 in T3N-R64W, 320 acres.	8/13/2014 10:48:30 AM
Permit	Request for Exception to Open Hole Logging Rule 317.o letter attached.	8/13/2014 10:48:28 AM

Total: 4 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
1696311	PROPOSED SPACING UNIT
400599490	FORM 4 SUBMITTED
400620253	WELL LOCATION PLAT
400620254	DEVIATED DRILLING PLAN
400620256	DIRECTIONAL DATA
400620267	PROPOSED SPACING UNIT
400620947	OPEN HOLE LOGGING EXCEPTION
400651758	OFFSET WELL EVALUATION

Total Attach: 8 Files