

**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: <u>400592256</u>			
Date Received: <u>04/18/2014</u>			

## 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:	10261	Contact Name	Meagan Miller
Name of Operator:	BAYSWATER EXPLORATION AND PRODUCTION LLC		Phone: (333) 3333333
Address:	730 17TH ST STE 610		Fax: ( )
City:	DENVER	State: CO	Zip: 80202      Email: mmiller@bayswater.us

### Complete the Attachment Checklist

OP OGCC

API Number :	05-	<u>123</u>	<u>25698</u>	<u>00</u>	OGCC Facility ID Number:	<u>295271</u>
Well/Facility Name:	<u>SANFORD</u>				Well/Facility Number:	<u>13-6</u>
Location	QtrQtr: <u>NWSW</u>	Section: <u>6</u>	Township: <u>3N</u>	Range: <u>67W</u>	Meridian: <u>6</u>	
County:	<u>WELD</u>		Field Name:	<u>WATTENBERG</u>		
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 \_\_\_\_\_ PDOP Reading \_\_\_\_\_ Date of Measurement \_\_\_\_\_  
Longitude \_\_\_\_\_ GPS Instrument Operator's Name \_\_\_\_\_

LOCATION CHANGE (all measurements in Feet)

Well will be: (Vertical, Directional, Horizontal)

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

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

Current **Surface** Location **From** QtrQtr **NWSW** Sec **6**

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

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

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

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

Current **Bottomhole** Location      Sec       Twp

New **Bottomhole** Location      Sec       Twp

Is location in High Density Area?

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	
1968	FSL	725	FWL
Twp	3N	Range	67W
Twp		Range	
Twp		Range	
Twp		Range	
Range		** attach deviated drilling plan	
Range			

\*\* attach deviated drilling plan

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

<u>Objective Formation</u>	<u>Formation Code</u>	<u>Spacing Order Number</u>	<u>Unit Acreage</u>	<u>Unit Configuration</u>

**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      SANFORD      Number      13-6      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: \_\_\_\_\_

<b>RECLAMATION</b>	
<b>INTERIM RECLAMATION</b>	
<input checked="" type="checkbox"/>	Interim Reclamation will commence approximately <u>09/01/2008</u> 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.
<input type="checkbox"/>	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.
<b>Field inspection will be conducted to document Rule 1003.e. compliance</b>	
<b>FINAL RECLAMATION</b>	
<input type="checkbox"/>	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.
<input type="checkbox"/>	Final reclamation complete, site ready for inspection. Per Rule 1004.c(4) describe final reclamation procedure in Comments below or provide as an attachment.
<b>Field inspection will be conducted to document Rule 1004.c. compliance</b>	

**Comments:**

Interim Reclamation was performed by the previous operator prior to the acquisition of the location by Bayswater. The reclamation start date is approximately 5 months after the spud date due to lack of records by the previous operator. Bayswater is in the process of maintaining the location to meet Rule 1003.e. requirements. Once vegetative cover and weed control requirements are met, a Form 4 Sundry Notice will be submitted to COGCC documenting the completion of Interim Reclamation.

**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 \_\_\_\_\_

☐ **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 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

**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:

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

Signed: \_\_\_\_\_ Print Name: James Ford  
Title: Staff Professional I Email: jford@kleinfelder.com Date: 4/18/2014

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

COGCC Approved: Arthur, Denise Date: 8/22/2014

### **CONDITIONS OF APPROVAL, IF ANY:**

**COA Type**

**Description**

### **General Comments**

**User Group**

**Comment**

**Comment Date**

Inspector	From an aerial photo review this site has had interim reclamation conducted. An inspection will need to be conducted to verify the interim reclamation is complete and there is ongoing compliance with the erosion and weed control rules.	8/22/2014 6:38:50 PM
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Total: 1 comment(s)

### **Attachment Check List**

**Att Doc Num**

**Name**

400592256	FORM 4 SUBMITTED
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Total Attach: 1 Files