

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: 400710964			
Date Received: 10/17/2014			

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: 10258 Contact Name Ruben Markarian
 Name of Operator: HIGH PLAINS DISPOSAL INC Phone: (720) 420-5700
 Address: 1900 SOUTH SUNSET ST #1F Fax: ()
 City: LONGMONT State: CO Zip: 80501-6599 Email: ruben.markarian@iptenergyservice.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 39710 00 OGCC Facility ID Number: 437810
 Well/Facility Name: HPD PLATTEVILLE Well/Facility Number: 2
 Location QtrQtr: NESE Section: 24 Township: 3N Range: 66W 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 40.210000 PDOP Reading 1.5 Date of Measurement 07/24/2014
 Longitude -104.716620 GPS Instrument Operator's Name Brian Rottinghaus

LOCATION CHANGE (all measurements in Feet)

Well will be: VERTICAL (Vertical, Directional, Horizontal)

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

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

Current **Surface** Location **From** QtrQtr NESE Sec 24

New **Surface** Location **To** QtrQtr NESE 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 _____

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

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

Current **Bottomhole** Location Sec 24 Twp 3N Range 66W

New **Bottomhole** Location Sec _____ Twp _____ Range _____

Is location in High Density Area? No

Distance, in feet, to nearest building 1951, public road: 1836, above ground utility: 2075, railroad: 5280,
 property line: 242, lease line: 242, well in same formation: 2640

Ground Elevation 4998 feet Surface owner consultation date 07/17/2014

FNL/FSL		FEL/FWL	
<u>2546</u>	<u>FSL</u>	<u>242</u>	<u>FEL</u>
<u>2311</u>	<u>FSL</u>	<u>242</u>	<u>FEL</u>
Twp <u>3N</u>	Range <u>66W</u>	Meridian <u>6</u>	
Twp <u>3N</u>	Range <u>66W</u>	Meridian <u>6</u>	
<u>2546</u>	<u>FSL</u>	<u>242</u>	<u>FEL</u>
			**
Twp <u>3N</u>	Range <u>66W</u>		
Twp _____	Range _____		
<u>2546</u>	<u>FSL</u>	<u>242</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 10/23/2014

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:

Updated casing design.

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	12	1		4	9	5		8	36	0	800	231	800	0
First String	8	3		4	7				26	0	9042	932	9042	0
1ST LINER	6	1		8	4	1		2	11.6	8942	10900			

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:

This new location is 235' South from the previous.
 Surface owner unchanged.
 Vertical well - BHL same as new SHL

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

Signed: _____ Print Name: Ruben Markarian
 Title: Engineer Email: ruben.markarian@iptenergyservices.com Date: 10/17/2014

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

COGCC Approved: _____ Date: _____

CONDITIONS OF APPROVAL, IF ANY:

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	moved to Draft for casing to be added	10/21/2014 9:17:05 AM
Permit	Added the casing design under other.	10/21/2014 9:12:33 AM

Total: 2 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400710964	FORM 4 SUBMITTED

Total Attach: 1 Files