

**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: <b>400768876</b>			
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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: 6720 Contact Name JOHN THOMAS  
 Name of Operator: BAYLESS PRODUCER, LLC\* ROBERT L Phone: (505) 3262659  
 Address: P O BOX 168 Fax: (505) 3266911  
 City: FARMINGTON State: NM Zip: 87499 Email: JTHOMAS@RLBAYLESS.COM

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 103 11407 00 OGCC Facility ID Number: 298910  
 Well/Facility Name: HELLS HOLE Well/Facility Number: 18-9  
 Location QtrQtr: SESE Section: 18 Township: 2S Range: 103W Meridian: 6  
 County: RIO BLANCO Field Name: HELLS HOLE CANYON  
 Federal, Indian or State Lease Number: COC69355

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: \_\_\_\_\_ (Vertical, Directional, Horizontal)

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

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

Current **Surface** Location **From** QtrQtr SESE Sec 18

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 18

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 18 Twp 2S

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	
<u>471</u>	<u>FSL</u>	<u>192</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>2S</u>	Range <u>103W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>1970</u>	<u>FSL</u>	<u>756</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>2S</u>	Range <u>103W</u>		
Twp _____	Range _____		
<u>1970</u>	<u>FSL</u>	<u>756</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>2S</u>	Range <u>103W</u>		
Twp _____	Range _____		

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

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.):

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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:

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### Best Management Practices

**No BMP/COA Type**

**Description**

No BMP/COA Type	Description

Operator Comments:

An MIT test failed on January 7th, 2015. Robert L. Bayless, Producer LLC requests 60 days to mitigate sources of the failure. All perforated hydrocarbon zones are isolated from the casing by a packer, tubing and downhole valve. The plan for mitigation includes removal of the packer, tubing and isolation of the casing using a bridge plug. A new MIT will be conducted. If casing does not pass the test Robert L. Bayless, Producer LLC request 60 additional days to repair or file Form 6 to PA well. All Hydrocarbon producing zones will remain isolated from casing during this time period. Time frame is required to contract services and to avoid any weather issues related to the winter season and remote location of the well.

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

Signed: \_\_\_\_\_ Print Name: JOHN THOMAS  
Title: OPERATIONS ENGINEER Email: JTHOMAS@RLBAYLESS.COM Date: 1/12/2015

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

COGCC Approved: FREEMAN, SARAH Date: 1/12/2015

### CONDITIONS OF APPROVAL, IF ANY:

**COA Type**

**Description**

COA Type	Description

### General Comments

User Group	Comment	Comment Date
#Error	Form 21 being filed as well.	1/12/2015 11:41:05 AM

Total: 1 comment(s)

### Attachment Check List

**Att Doc Num**

**Name**

400768876	FORM 4 SUBMITTED
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Total Attach: 1 Files