FORM 4
Rev 04/13

# 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: 400893157

Date Received:

## 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: 10447 Contact Name JENNIFER LIND

Name of Operator: URSA OPERATING COMPANY LLC Phone: (720) 5088362

Address: 602 SAWYER STREET #710 Fax: ( )

City: HOUSTON State: TX Zip: 77007 Email: JLIND@URSARESOURCES.COM

Complete the Attachment Checklist

OP OGCC

API Number : 05- 045 22772 00 OGCC Facility ID Number: 159663

Well/Facility Name: YATER Well/Facility Number: 12C-17-07-95

Location QtrQtr: NWSW Section: 17 Township: 7S Range: 95W Meridian: 6

County: GARFIELD Field Name: PARACHUTE

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: (Vertical, Directional, Horizontal)

| | | FNL/FSL | | FEL/FWL | |
|---|---|---|---|---|---|
| Change of **Surface** Footage **From** Exterior Section Lines: | | 1754 | FSL | 1106 | FWL |
| Change of **Surface** Footage **To** Exterior Section Lines: | | | | | |
| Current **Surface** Location **From** | QtrQtr NWSW Sec 17 Twp 7S Range 95W Meridian 6 | | | | |
| New **Surface** Location **To** | QtrQtr Sec Twp Range Meridian | | | | |
| Change of **Top of Productive Zone** Footage **From** Exterior Section Lines: | | 2046 | FNL | 626 | FWL |
| Change of **Top of Productive Zone** Footage **To** Exterior Section Lines: | | | | | ** |
| Current **Top of Productive Zone** Location **From** | Sec 17 Twp 7S Range 95W | | | | |
| New **Top of Productive Zone** Location **To** | Sec Twp Range | | | | |
| Change of **Bottomhole** Footage **From** Exterior Section Lines: | | 2046 | FNL | 626 | FWL |
| Change of **Bottomhole** Footage **To** Exterior Section Lines: | | | | | ** |
| Current **Bottomhole** Location | Sec 17 Twp 7S Range 95W | | | | |
| New **Bottomhole** Location | Sec Twp Range | | | | |

** attach deviated drilling plan

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

CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT

| Objective Formation | Formation Code | Spacing Order Number | Unit Acreage | Unit Configuration |
|---|---|---|---|---|
| | | | | |

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 YATER Number 12C-17-07-95 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 08/31/2015

☐ REPORT OF WORK DONE Date Work Completed _____

☐ Intent to Recomplete (Form 2 also required) ☐ Request to Vent or Flare ☐ E&P Waste Mangement Plan

☐ Change Drilling Plan ☐ Repair Well ☐ Beneficial Reuse of E&P Waste

☐ Gross Interval Change ☐ Rule 502 variance requested. Must provide detailed info regarding request.

☒ Other Revised Frm Top ☐ Status Update/Change of Remediation Plans for Spills and Releases

COMMENTS:

The top of the Rollins formation as approved on the Form 5 for this well is incorrect. Correct Rollins top: 6778' MD

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:

Updated Rollins Formation Top. See comments in Environmental / Engineering section.

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

Signed: _____ Print Name: JENNIFER LIND

Title: REGULATORY ANALYST Email: JLIND@URSARESOURCES.COM Date: _____

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

| User Group | Comment | Comment Date |
|---|---|---|
| | | |

Total: 0 comment(s)

## Attachment Check List

| Att Doc Num | Name |
|---|---|
| | |

Total Attach: 0 Files