

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: <div>400936903</div>			
Date Received: <div>11/13/2015</div>			

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: <div>10311</div> Contact Name <div>Erin Ekblad</div> Name of Operator: <div>SYNERGY RESOURCES CORPORATION</div> Phone: <div>(720) 616.4319</div> Address: <div>20203 HIGHWAY 60</div> Fax: <div>(720) 616.4301</div> City: <div>PLATTEVILLE</div> State: <div>CO</div> Zip: <div>80651</div> Email: <div>eekblad@syrinfo.com</div>	Complete the Attachment Checklist  <div>OP OGCC</div>															
API Number : <div>05-1234105900</div> OGCC Facility ID Number: <div>159838</div> Well/Facility Name: <div>SRC VISTA</div> Well/Facility Number: <div>S-2N-C</div> Location QtrQtr: <div>NWSW</div> Section: <div>2</div> Township: <div>4N</div> Range: <div>68W</div> Meridian: <div>6</div> County: <div>WELD</div> Field Name: <div>WATTENBERG</div> Federal, Indian or State Lease Number: <div></div>																
<table border="1"> <tr> <td>Survey Plat</td> <td></td> <td></td> </tr> <tr> <td>Directional Survey</td> <td></td> <td></td> </tr> <tr> <td>Srfc Eqpmt Diagram</td> <td></td> <td></td> </tr> <tr> <td>Technical Info Page</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> </table>		Survey Plat			Directional Survey			Srfc Eqpmt Diagram			Technical Info Page			Other		
Survey Plat																
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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 

2

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 

2

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 

2

    Twp 

4N

    Range 

68W

New **Bottomhole** Location    Sec     Twp     Range

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	
<div>2223</div>	<div>FSL</div>	<div>254</div>	<div>FWL</div>
<div></div>	<div></div>	<div></div>	<div></div>
Twp <div>4N</div>	Range <div>68W</div>	Meridian <div>6</div>	
Twp <div></div>	Range <div></div>	Meridian <div></div>	
<div>2459</div>	<div>FSL</div>	<div>460</div>	<div>FWL</div>
<div></div>	<div></div>	<div></div>	<div></div>
			**
<div>2472</div>	<div>FSL</div>	<div>460</div>	<div>FEL</div>
<div></div>	<div></div>	<div></div>	<div></div>
			**

\*\* attach deviated drilling plan

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**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>

**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 SRC VISTA Number S-2N-C 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 01/03/2016

☐ 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:

We approximately plan to spud this well on January 3, 2016, where we will provide a Form 42 for this action 48 hours before spudding. Since we plan to spud on such date this is an approximate notice of intent for casing plan changes.

#### 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		2	9	5		8	36	0	1600	524	1600	0
First String	8	1		2	5	1		2	17	0	11402	1418	11402	1500

#### 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: Erin Ekblad  
Title: Manager Regulatory Affair Email: eekblad@syrinfo.com Date: 11/13/2015

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

COGCC Approved: JENKINS, STEVE Date: 11/18/2015

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description

General Comments

User Group	Comment	Comment Date
Engineer	Changed second string of casing on Casing/Cementing tab from 1st Liner to First String.	11/18/2015 12:03:31 PM
Total: 1 comment(s)		

Attachment Check List

Att Doc Num	Name
400936903	FORM 4 SUBMITTED
Total Attach: 1 Files	