

**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: <b>400994119</b>			
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: 10311 Contact Name Erin Ekblad  
 Name of Operator: SYNERGY RESOURCES CORPORATION Phone: (720) 616.4319  
 Address: 20203 HIGHWAY 60 Fax: (720) 616.4301  
 City: PLATTEVILLE State: CO Zip: 80651 Email: eekblad@syrginfo.com

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 123 41847 00 OGCC Facility ID Number: 442421  
 Well/Facility Name: Fagerberg Federal Well/Facility Number: 113-690  
 Location QtrQtr: SWSW Section: 12 Township: 6N 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 40.498566 PDOP Reading 1.4 Date of Measurement 02/16/2016  
 Longitude -104.734129 GPS Instrument Operator's Name Rob Wilson

**LOCATION CHANGE (all measurements in Feet)**

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

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

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

Current <b>Surface</b> Location <b>From</b>	QtrQtr	<u>SWSW</u>	Sec	<u>12</u>	Twp	<u>6N</u>	Range	<u>66W</u>	Meridian	<u>6</u>
New <b>Surface</b> Location <b>To</b>	QtrQtr	<u>SWSW</u>	Sec	<u>12</u>	Twp	<u>6N</u>	Range	<u>66W</u>	Meridian	<u>6</u>

Change of **Top of Productive Zone Footage From** Exterior Section Lines:

Change of **Top of Productive Zone Footage To** Exterior Section Lines:

Current <b>Top of Productive Zone</b> Location <b>From</b>	Sec	<u>12</u>	Twp	<u>6N</u>	Range	<u>66W</u>
New <b>Top of Productive Zone</b> Location <b>To</b>	Sec	<u>12</u>	Twp	<u>6N</u>	Range	<u>66W</u>

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

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

Current <b>Bottomhole</b> Location	Sec	<u>7</u>	Twp	<u>6N</u>	Range	<u>65W</u>	** attach deviated drilling plan
New <b>Bottomhole</b> Location	Sec	<u>7</u>	Twp	<u>6N</u>	Range	<u>65W</u>	

Is location in High Density Area? \_\_\_\_\_

Distance, in feet, to nearest building 1015, public road: 205, above ground utility: 266, railroad: 5280,  
 property line: 235, lease line: 0, well in same formation: 80

Ground Elevation 4799 feet Surface owner consultation date \_\_\_\_\_



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 02/29/2016

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:

New directional plans attached along with a new casing program added.

**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
Conductor Casing	24				16				65	0	40	70	40	0
Surface String	13	1		2	9	5		8	36	0	1700	851	1700	0
First String	8	1		2	5	1		2	17	0	15722	2250	15722	0

**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:

<b><u>Best Management Practices</u></b>	
<b><u>No BMP/COA Type</u></b>	<b><u>Description</u></b>

**Operator Comments:**

The referenced well is staying Codell Formation. No PSU changes to this well. Per the original permit, exception logging waiver was approved. We are keeping same BMP's as well.

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: \_\_\_\_\_

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:**

**COA Type**

**Description**

<u>COA Type</u>	<u>Description</u>

**General Comments**

**User Group**

**Comment**

**Comment Date**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

**Attachment Check List**

**Att Doc Num**

**Name**

400994523	WELL LOCATION PLAT
400994662	DEVIATED DRILLING PLAN
400994735	DIRECTIONAL DATA

Total Attach: 3 Files