

**State of Colorado
Oil and Gas Conservation Commission**

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DE	ET	OE	ES
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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: 10110 Contact Name Ty Woodworth
 Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (970) 274-9254
 Address: 1801 BROADWAY #500 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: twoodworth@gwogco.com

Complete the Attachment Checklist

OP OGCC

API Number : 05- 123 41747 00 OGCC Facility ID Number: 442243
 Well/Facility Name: Schneider HD Well/Facility Number: 11-392HN
 Location QtrQtr: SWSW Section: 7 Township: 4N Range: 66W Meridian: 6
 County: WELD Field Name: WATTENBERG
 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)

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

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

Current **Surface** Location **From** QtrQtr SWSW Sec 7

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 12

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 11 Twp 4N

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>1120</u>	<u>FSL</u>	<u>280</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>4N</u>	Range <u>66W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>1</u>	<u>FSL</u>	<u>460</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>4N</u>	Range <u>66W</u>		
Twp _____	Range _____		
<u>1</u>	<u>FSL</u>	<u>2170</u>	<u>FEL</u>
_____	_____	_____	_____
Twp _____	Range _____		

**

**

** 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 02/18/2016

<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 checked="" type="checkbox"/> Other <u>High BrHd Presssure</u>	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

Follow up Form 4 sundry for Schneider 11-392HN (05-123-41747) High Bradenhead Pressure Form 42 (Doc# 400988046) submitted 2/11/2016.

On 1/30/16 a WRBP was set at 5514' and the casing was pressure tested to 9500 psi for 30 minutes successfully. The bradenhead pressure on the well was checked on 2/6/16 (prior to stimulation) and it had 90 psi on it. Stimulation began on 2/7/16 via the 'zipper' frac/plug and perf method. GWOG called COGCC to discuss another well on the pad with high bradenhead pressure and we were asked to bleed this one down. We did so on 2/8/16. Only gas escaped, no fluid. Bradenhead pressure continued to gradually rise and hit 200 psi on 2/11/16. The frac job had no effect on the bradenhead pressure value or rate of increase. GWOG contacted Diana Burn at COGCC on 2/11/16 to report the bradenhead pressure. A Form 42 was submitted. After discussion she asked us to open the bradenhead, leave it open for remainder of the stimulation, and collect an extended isotopic gas analysis on the gas.

The gas analysis was collected from the bradenhead on 2/16/16 and sent in to DIG for extended isotope analysis. Stimulation is expected to end 2/20/16. The bradenhead is still open. This well will be the last well on the pad we drill out and land tubing. Drill out/flowback operations will start on approx. the first week of March 2016. We will continue to keep the bradenhead open during the drill out/flowback and monitor it for change. Once the well cuts hydrocarbon we will collect a gas sample from the production stream and send it in for extended isotopic analysis to compare to the bradenhead sample.

GWOG does not believe the bradenhead gas is a function of the stimulation of the well. The bradenhead had pressure prior to stimulation and there was no response on the bradenhead when frac'ing. The casing also tested successfully to 9500 psi prior to stimulation. There is also very good cement up to 5409 ft (5-1/2" monobore). Top Nio is 7157 ft. Surface casing shoe is at 1433 ft. Cement was actually circulated to surface during the primary job but the bond above 5409 ft is ratty. Right now we believe there is a high likelihood the gas is coming from an uphole source. Once we obtain an extended gas analysis on the production gas we will hopefully be better equipped to identify the source. For the time being we will keep the bradenhead open and monitor it for change. There are 3 other wells on this pad, one of which also has high bradenhead pressure (05-123-41746), although it is lower. Please see the respective Form 4 for discussion in this well. Out of the other two wells, one has zero bradenhead pressure and the other had 80 psi at one point prior to stimulation but has since dropped to 12 psi as of 2/18/16.

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:

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

Signed: _____ Print Name: Ty Woodworth
Title: Prod Eng Lead Email: twoodworth@gwogco.com Date: 2/18/2016

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: 3/3/2016

CONDITIONS OF APPROVAL, IF ANY:

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

General Comments

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

Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400992210	FORM 4 SUBMITTED

Total Attach: 1 Files