

**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
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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: 10456 Contact Name Jake Janicek  
 Name of Operator: CAERUS PICEANCE LLC Phone: (970) 285-9606  
 Address: 1001 17TH STREET #1600 Fax: (970) 285-9619  
 City: DENVER State: CO Zip: 80202 Email: jjanicek@caerusoilandgas.com

Complete the Attachment  
Checklist  
  
OP OGCC

API Number : 05- 045 13236 00 OGCC Facility ID Number: 288398  
 Well/Facility Name: UNOCAL-ENCANA Well/Facility Number: 23B-4D  
 Location QtrQtr: NESW Section: 4 Township: 6S Range: 96W Meridian: 6  
 County: GARFIELD Field Name: GRAND VALLEY  
 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:

FNL/FSL		FEL/FWL	
1491	FSL	1794	FWL

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

Current **Surface** Location **From** QtrQtr NESW Sec 4  
 New **Surface** Location **To** QtrQtr \_\_\_\_\_ Sec \_\_\_\_\_

Twp 6S Range 96W Meridian 6  
 Twp \_\_\_\_\_ Range \_\_\_\_\_ Meridian \_\_\_\_\_

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

2368	FSL	2073	FWL

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

Current **Top of Productive Zone** Location **From** Sec 4  
 New **Top of Productive Zone** Location **To** Sec \_\_\_\_\_

Twp 6S Range 96W  
 Twp \_\_\_\_\_ Range \_\_\_\_\_

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

2368	FSL	2073	FWL

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

Current **Bottomhole** Location Sec 4 Twp 6S  
 New **Bottomhole** Location Sec \_\_\_\_\_ Twp \_\_\_\_\_

Range 96W \*\* attach deviated drilling plan  
 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 \_\_\_\_\_



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: 2000 in ppm (parts per million)

Date of Measurement or Sample Collection 02/23/2016

Description of Sample Point:

Sample was collected from the casing on the wellhead. Sampler was wearing a self-contained breathing apparatus while collecting the sample.

Absolute Open Flow Potential 82970 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.):

This wellhead does not flow to the atmosphere during normal operation. The only instance that it is open to the atmosphere is when de-liquefying the well. The exact duration cannot be stated because it depends on the volume of liquid in the well.

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: 4606 FEET

Distance to nearest Federal, State, County, or municipal road or highway owned and principally maintained for public use: 670 FEET

COMMENTS:

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### Best Management Practices

**No BMP/COA Type**

**Description**

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Operator Comments:

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

Signed: \_\_\_\_\_ Print Name: Jake Janicek  
Title: EHS Professional Email: jjanicek@caerusoilandgas.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**

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### General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)

### Attachment Check List

**Att Doc Num**

**Name**

401034145	CORRESPONDENCE
401034146	GAS ANALYSIS REPORT

Total Attach: 2 Files