

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: 2211835			
Date Received: 03/08/2016			

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: 10417 Contact Name JENNIFER CADENA
 Name of Operator: INCREMENTAL OIL & GAS (FLORENCE) LLC Phone: (720) 763-3187
 Address: 600 17TH STREET SUITE 2625S Fax: (720) 838-2149
 City: DENVER State: CO Zip: 80202 Email: JCadena@i-og.net

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 043 06150 00 OGCC Facility ID Number: 295254
 Well/Facility Name: RAINBOW Well/Facility Number: 23-20
 Location QtrQtr: NESW Section: 20 Township: 19S Range: 69W Meridian: 6
 County: FREMONT Field Name: FLORENCE-CANON CITY
 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 NESW Sec 20

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 20

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 20 Twp 19S

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	
1832	FSL	1912	FWL
Twp <u>19S</u>	Range <u>69W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
1844	FSL	1905	FWL
Twp <u>19S</u>	Range <u>69W</u>		
Twp _____	Range _____		
1844	FSL	1905	FWL
Twp <u>19S</u>	Range <u>69W</u>		
Twp _____	Range _____		

**

**

** attach deviated drilling plan

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 RAINBOW Number 23-20 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 03/03/2016

☐ REPORT OF WORK DONE Date Work Completed _____

- | | | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Intent to Recomplete (Form 2 also required) | <input checked="" 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:

A complete gas analysis is attached. The average volume over a 31-day period was 11.74 MCF/day. No presence of H2S concentration was detected.

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: 0 in ppm (parts per million)

Date of Measurement or Sample Collection 08/03/2015

Description of Sample Point:

Rainbow 23-20 well.

Absolute Open Flow Potential 0 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: 0 FEET

Distance to nearest Federal, State, County, or municipal road or highway owned and principally maintained for public use: 0 FEET

COMMENTS:

Best Management Practices

<u>No</u>		<u>BMP/COA Type</u>	<u>Description</u>

Operator Comments:

We request to vent our gas. The gas composition is primarily methane. No H2S exists. A series of rate tests were performed and the gas rate averaged 11 MCF/d. Production in the Florence field began in 1876. Very little gas is produced in the field. With an average depth in the field of approximately 3000ft., a normal pressure gradient would be 1200 psig. However, the well currently has a 25 psig. Shutting in the annulus results in backpressure which significantly reduces oil production. Due to low per well rates in the field and lack of nearby access to a gas gathering system, installation of a gas gathering system including a system to meet pipeline specification, is uneconomic.

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

Signed: _____ Print Name: JENNIFER CADENA
Title: VP LAND & LEGAL Email: JCadena@i-og.net Date: 3/3/2016

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

COGCC Approved: SUTPHIN, DIRK Date: 5/5/2016

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

- 1) Submit requests to flare annually to COGCC on Form 4 (Sundry Notice), which discusses timing to connect to sales line, plans to develop infrastructure, and justification for continued venting/flaring. Provide gas analysis including H2S with each Sundry Notice.
- 2) Venting or flaring of natural gas shall comply with COGCC Rule 912.
- 3) Report flaring volumes on Form 7, Operator's Monthly Report of Operations.
- 4) Notify the local emergency dispatch or the local governmental designee of natural gas flaring.
- 5) The operator is required to obtain and maintain any required air permits from CDPHE. The combustion device must comply with applicable design destruction efficiency for hydrocarbons.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Environmental Data	The extended gas analysis provided by the operator has been entered in the COENV database.	3/14/2016 8:39:23 AM

Total: 1 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2211835	SUNDRY NOTICE APPROVED-VENT_FLARE-H2S
2211836	GAS ANALYSIS REPORT
401042553	FORM 4 SUBMITTED

Total Attach: 3 Files