

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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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: 96850 Contact Name Vicki Schoeber
 Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2721
 Address: PO BOX 370 Fax: ()
 City: PARACHUTE State: CO Zip: 81635 Email: vschoeber@terraep.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 12775 00 OGCC Facility ID Number: 286779
 Well/Facility Name: DIAMOND ELD Well/Facility Number: RWF 414-4
 Location QtrQtr: NWSW Section: 4 Township: 7S Range: 94W Meridian: 6
 County: GARFIELD Field Name: RULISON
 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 NWSW Sec 4

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 4

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 4 Twp 7S

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>1527</u>	<u>FSL</u>	<u>369</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>7S</u>	Range <u>94W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>241</u>	<u>FSL</u>	<u>440</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>7S</u>	Range <u>94W</u>		
Twp _____	Range _____		
<u>241</u>	<u>FSL</u>	<u>440</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>7S</u>	Range <u>94W</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 10/26/2016

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 type="checkbox"/> Change Drilling Plan	<input checked="" 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:

TEP Rocky Mountain LLC respectfully requests approval to repair suspected casing leaks in the RWF 414-4 well. Procedure and wellbore diagram are attached.

Proposed Procedure:

1. MIRUSU, pump and tanks
2. ND Tree and NU BOPE

Prep to Cement:

3. PU Tubing and TIH with Packer and 5 jts of tailpipe
4. Dump 5 sx sand on top of RBP.
5. Set packer above RBP. Pressure test RBP to 1000 psi.
6. With packer, pressure test casing to further isolate interval that leaks. (Current area identified is 1942' – 2402').
7. With leak area identified, record stabilize pressure required to establish injection rate of 1 bpm.
8. TIH so the bottom of tailpipe is set at deepest leak.

Cementing:

9. Mix 225 sx cement. Spot cement to end of tailpipe.
10. TOH with tubing so that the packer is 450' above the topmost leak. Set packer.
11. Displace cement approximately 2 bbls past the end of tailpipe at rate of 1 bpm.

Hesitation Squeeze:

12. Begin hesitation squeezes.
13. Shut down pumping for 15 minutes. (If pressure drops below stabilized pressure recorded in step 7 during the shut in phase, then bump pressure by 100 psi).
14. At end of 15 minutes shut in, step up pressure by 200 psi.
15. Repeat steps until surface pressure reaches 1500 psi
16. Do not pump more than 5 bbls total during hesitation squeezes.
17. Hold and monitor pressure for 2 hours.
18. At end of 2 hours, slowly bleed off pressure and watch for returns.
19. Release packer and TOH.

Land Production String:

20. TIH with bit for 4-1/2" 11.6 ppf casing.
21. Drill up cement, noting top and bottom depths.
22. Pressure test casing to 1000 psi.
23. If pressure test fails to hold, then evaluate for re-squeeze.
24. TOH with bit.
25. TIH with RBP retrieving head.
26. Circulate sand off RBP, latch on and TOH
27. TIH with production string (NC, SN and tubing).
28. Land EOT between 8120" - 8150'.
29. ND BOPE and NU Tree

Cement blend:

Weight: 12.3 lb/gal
 Yield: 2.33 ft³/sx
 Water Required: 13.55 gal/sx (72 bbls total for cement + displacement volume)
 Sacks Required: 225

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:

TEP Rocky Mountain LLC respectfully requests approval to repair suspected casing leaks in the RWF 414-4 well. Procedure and wellbore diagram are attached.

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

Signed: _____ Print Name: Vicki Schoeber
Title: Regulatory Specialist Email: vschoeber@terraep.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:

<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>
401133327	WELLBORE DIAGRAM
401133328	OTHER

Total Attach: 2 Files