

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: 401133315			
Date Received: 10/19/2016			

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: 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 _____	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 DIAMOND ELD Number RWF 414-4 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 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 – Bullhead into Surface/Production Casing annulus
9. Mix 225 sx cement. Spot cement to end of tailpipe. (Tubing Volume = 9.3 bbls, 22 sx, need 7.1 bbls, 17 sx placed in casing)
10. TOH with tubing so that the packer is at 1350' (EOT will be +/-1500', 440' above the topmost leak). Set packer.
11. Make sure the Bradenhead valve is CLOSED.
12. Pump 15 sx (6 bbls) cement into holes or until max pressure of 600 psi is reached – whichever comes first.
- Cementing – Circulation/Hesitation
13. OPEN Bradenhead Valve to allow circulation.
14. Pump cement into holes at rate of 2+ bpm (pressure not to exceed 600 psi)
15. Pump a total of 225 sx. Displace with produced water to EOT.
16. CLOSE Bradenhead Valve
17. Pressure up on tubing to pressure recorded in step 7 + 200 psi.
18. 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).
19. At end of 15 minutes shut in, step up pressure by 150 psi.
20. Repeat steps until surface pressure reaches 600 psi
21. Do not pump more than 5 bbls total during hesitation squeezes.
22. Hold and monitor pressure for 2 hours.
23. At end of 2 hours, slowly bleed off pressure and watch for returns.
24. Release packer and TOH.
- Land Production String
25. TIH with bit for 4-1/2" 11.6 ppf casing.
26. Drill up cement, noting top and bottom depths.
27. Pressure test casing to 500 psi.
28. If pressure test fails to hold, then evaluate for re-squeeze.
29. TOH with bit.
30. RU Wireline Unit and run CBL from 3000' to TOC. RD Wireline Unit.
31. TIH with RBP retrieving head.
32. Circulate sand off RBP, latch on and TOH
33. TIH with production string (NC, SN and tubing).
34. Land EOT between 8120"- 8150'.
35. 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: 10/19/2016

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

COGCC Approved: BURGER, CRAIG Date: 10/21/2016

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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

General Comments

User Group

Comment

Comment Date

Engineer	Operator to sent revised procedure. Added as attachment and pasted into comments.	10/21/2016 10:56:41 AM
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Total: 1 comment(s)

Attachment Check List

Att Doc Num

Name

401133315	SUNDRY NOTICE APPROVED-REPAIR
401133327	WELLBORE DIAGRAM
401135355	OTHER
401135358	FORM 4 SUBMITTED

Total Attach: 4 Files