

# 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: <b>401162068</b>			
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: 10447 Contact Name JENNIFER LIND  
Name of Operator: URSA OPERATING COMPANY LLC Phone: (720) 508-8362  
Address: 1050 17TH STREET #1700 Fax: ( )  
City: DENVER State: CO Zip: 80265 Email: JIND@URSARESOURCES.COM

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 045 23316 00 OGCC Facility ID Number: 447704  
Well/Facility Name: BMC B Well/Facility Number: 21B-18-07-95  
Location QtrQtr: SWNW Section: 18 Township: 7S Range: 95W Meridian: 6  
County: GARFIELD Field Name: WILDCAT  
Federal, Indian or State Lease Number:

Survey Plat		
Directional Survey		
Srvc 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 39.441507 PDOP Reading 1.7 Date of Measurement 06/16/2014  
Longitude -108.040853 GPS Instrument Operator's Name HOFFMANN

## LOCATION CHANGE (all measurements in Feet)

Well will be: DIRECTIONAL (Vertical, Directional, Horizontal)

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

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

Current **Surface** Location **From** QtrQtr SWNW Sec 18

New **Surface** Location **To** QtrQtr NENW Sec 18

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 18

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 18 Twp 7S

New **Bottomhole** Location Sec  Twp

Is location in High Density Area? Yes

Distance, in feet, to nearest building 907, public road: 267, above ground utility: 232, railroad: 4395,

property line: 225, lease line: , well in same formation:

Ground Elevation 5268 feet Surface owner consultation date 09/24/2015

FNL/FSL		FEL/FWL	
<u>2239</u>	<u>FNL</u>	<u>587</u>	<u>FWL</u>
<u>1263</u>	<u>FNL</u>	<u>2282</u>	<u>FWL</u>
Twp <u>7S</u>	Range <u>95W</u>	Meridian <u>6</u>	
Twp <u>7S</u>	Range <u>95W</u>	Meridian <u>6</u>	
<u>608</u>	<u>FNL</u>	<u>1901</u>	<u>FWL</u>
<u></u>	<u></u>	<u></u>	<u></u>
Twp <u>7S</u>	Range <u>95W</u>		
Twp <u></u>	Range <u></u>		
<u>608</u>	<u>FNL</u>	<u>1901</u>	<u>FWL</u>
<u></u>	<u></u>	<u></u>	<u></u>

\*\*

\*\*

\*\* attach deviated drilling plan

CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT				
Objective Formation	Formation Code	Spacing Order Number	Unit Acreage	Unit Configuration

<b>OTHER CHANGES</b>			
<input type="checkbox"/>	<b>REMOVE FROM SURFACE BOND</b>	Signed surface use agreement is a required attachment	
<input checked="" type="checkbox"/>	<b>CHANGE OF WELL, FACILITY OR OIL &amp; GAS LOCATION NAME OR NUMBER</b>		
From:	Name	<u>BMC B</u>	Number <u>21B-18-07-95</u> Effective Date: <u>12/06/2016</u>
To:	Name	<u>BMC D</u>	Number <u>21B-18-07-95</u>
<input type="checkbox"/>	<b>ABANDON PERMIT: Permit can only be abandoned if the permitted operation has NOT been conducted. Field inspection will be conducted to verify site status.</b>		
<input type="checkbox"/>	WELL: Abandon Application for Permit-to-Drill (Form2) – Well API Number _____ has not been drilled.		
<input type="checkbox"/>	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)		
<input type="checkbox"/>	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: _____			
<input type="checkbox"/>	Abandon Oil & Gas Location Assessment (Form 2A) – Location has not been constructed and site will not be used in the future.		
<input type="checkbox"/>	Keep Oil & Gas Location Assessment (Form 2A) active until expiration date. This site will be used in the future.		
<b>Surface disturbance from Oil and Gas Operations must be reclaimed per Rule 1003 and Rule 1004.</b>			
<input type="checkbox"/>	<b>REQUEST FOR CONFIDENTIAL STATUS</b>		
<input type="checkbox"/>	<b>DIGITAL WELL LOG UPLOAD</b>		
<input type="checkbox"/>	<b>DOCUMENTS SUBMITTED</b>	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 01/01/2017

☐ 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 checked="" 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:

UPDATED CASING/CEMENT INFORMATION SUBMITTED TO ACCOMODATE SLIGHT SURFACE HOLE LOCATION SHIFT.

#### 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
Conductor Casing	24				16				75	0	60	111	60	0
Surface String	12	1		4	8	5		8	32	0	1729	357	1729	0
First String	7	7		8	4	1		2	11.6	0	6700	574	6700	

#### 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**

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

**Operator Comments:**

DUE TO A SHIFT IN BOTTOM-HOLE LOCATIONS BEING ACCESSED FROM THE BMC D PAD, THE SURFACE LOCATION FOR THIS WELL WAS MOVED FROM THE ORIGINAL PERMITTED SHL ON THE BMC B PAD. REVISED WELL LOCATION PLAT AND DEVIATED DRILLING PLAN ARE ATTACHED.

NO CHANGES ARE PROPOSED TO THE PERMITTED BOTTOM-HOLE LOCATION OR TARGET FORMATION AT THIS TIME. ALL DISTANCES TO WELLS, LEASE LINES AND UNIT BOUNDARIES WILL REMAIN UNCHANGED FROM THE APPROVED FORM 2. REVISED WELLBORE DESIGN (CASING AND CEMENT PROGRAM) IS INCLUDED ON THE "CASING/CEMENTING" TAB. NO OTHER INFORMATION OR ATTACHMENTS PREVIOUSLY SUBMITTED WITH THE APPROVED FORM 2 HAVE CHANGED, THEREFORE ARE NOT ATTACHED WITH THIS SUNDRY SUBMITTAL.

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

Signed: \_\_\_\_\_ Print Name: JENNIFER LIND  
Title: REGULATORY ANALYST Email: JIND@URSARESOURCES.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**

--	--

**General Comments****User Group****Comment****Comment Date**

		Stamp Upon Approval
--	--	---------------------

Total: 0 comment(s)

**Attachment Check List****Att Doc Num****Name**

401162071	WELL LOCATION PLAT
401162073	DEVIATED DRILLING PLAN
401162074	DIRECTIONAL DATA

Total Attach: 3 Files