

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: 401192316			
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: 10071 Contact Name BRADY RILEY
 Name of Operator: BARRETT CORPORATION* BILL Phone: (303) 3128115
 Address: 1099 18TH ST STE 2300 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: BRILEY@BILLBARRETTCORP.CO
M

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 44014 00 OGCC Facility ID Number: 448775
 Well/Facility Name: Will Trust Well/Facility Number: 6-62-10-4846B2
 Location QtrQtr: SWSW Section: 10 Township: 6N Range: 62W Meridian: 6
 County: WELD Field Name: WATTENBERG
 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 _____ PDOP Reading _____ Date of Measurement _____
 Longitude _____ GPS Instrument Operator's Name _____

LOCATION CHANGE (all measurements in Feet)

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

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

FNL/FSL	FEL/FWL
910	280
FSL	FWL

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

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Current **Surface** Location **From** QtrQtr SWSW Sec 10

Twp	Range	Meridian
6N	62W	6

New **Surface** Location **To** QtrQtr _____ Sec _____

Twp	Range	Meridian

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

FNL/FSL	FEL/FWL
1906	500
FSL	FWL

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

		**
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Current **Top of Productive Zone** Location **From** Sec 10

Twp	Range
6N	62W

New **Top of Productive Zone** Location **To** Sec _____

Twp	Range

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

FNL/FSL	FEL/FWL
1906	1700
FSL	FWL

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

FNL/FSL	FEL/FWL	**
1906	2447	
FSL	FWL	

Current **Bottomhole** Location Sec 11 Twp 6N Range 62W

** attach deviated drilling plan

New **Bottomhole** Location Sec 11 Twp 6N Range 62W

Is location in High Density Area? _____

Distance, in feet, to nearest building _____, public road: _____, above ground utility: _____, railroad: _____,
 property line: _____, lease line: 0, well in same formation: 22

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 01/30/2017

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:

This sundry is being submitted to change the name of the well and the TD depth of this well from 13506 ft to 14254 ft. The casing, liner, and cement plans have been updated as a result of this depth change. SHL and LP remain the same as previously permitted. Attached is the Dutch Lake 9-11H anti-collision report, which provides the true distances between the existing and proposed laterals. 3D distance to Dutch Lake 9-11H is 22.02 feet.

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
Surface String	13	1		2	9	5		8	36	0	800	397	800	0
First String	8	3		4	7				26	0	6899	695	6899	600
1ST LINER	6	1		8	4	1		2	11.6	6200	14254	537	14254	6200

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:

<u>Best Management Practices</u>	
<u>No BMP/COA Type</u>	<u>Description</u>

Operator Comments:

[Empty text box for operator comments]

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

Signed: _____ Print Name: BRADY RILEY

Title: PERMIT ANALYST Email: BRILEY@BILLBARRETTCORP.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>
		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401192353	DIRECTIONAL DATA
401192355	DEVIATED DRILLING PLAN
401192356	WELL LOCATION PLAT
401193694	OTHER
401193695	OFFSET WELL EVALUATION

Total Attach: 5 Files