

State of Colorado
Oil and Gas Conservation Commission

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DE	ET	OE	ES
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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 22703 00 OGCC Facility ID Number: 440630
 Well/Facility Name: Federal GM Well/Facility Number: 333-10
 Location QtrQtr: SENW Section: 10 Township: 7S Range: 96W Meridian: 6
 County: GARFIELD Field Name: GRAND VALLEY
 Federal, Indian or State Lease Number: COC24603

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 39.452965 PDOP Reading 2.2 Date of Measurement 07/29/2014
 Longitude -108.096579 GPS Instrument Operator's Name J. KIRKPATRICK

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 SENW Sec 10

New **Surface** Location **To** QtrQtr SENW Sec 10

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 10

New **Top of Productive Zone** Location **To** Sec 10

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

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

Current **Bottomhole** Location Sec 10 Twp 7S

New **Bottomhole** Location Sec 10 Twp 7S

Is location in High Density Area? No

Distance, in feet, to nearest building 5280, public road: 5280, above ground utility: 5280, railroad: 5280,

property line: 379, lease line: 654, well in same formation: 433

Ground Elevation 6148 feet Surface owner consultation date _____

FNL/FSL		FEL/FWL	
<u>2119</u>	<u>FNL</u>	<u>1918</u>	<u>FWL</u>
<u>2117</u>	<u>FNL</u>	<u>1918</u>	<u>FWL</u>
Twp <u>7S</u>	Range <u>96W</u>	Meridian <u>6</u>	
Twp <u>7S</u>	Range <u>96W</u>	Meridian <u>6</u>	
<u>2296</u>	<u>FSL</u>	<u>1874</u>	<u>FEL</u>
<u>2326</u>	<u>FSL</u>	<u>1482</u>	<u>FEL</u> **
Twp <u>7S</u>	Range <u>96W</u>		
Twp <u>7S</u>	Range <u>96W</u>		
<u>2296</u>	<u>FSL</u>	<u>1874</u>	<u>FEL</u>
<u>2326</u>	<u>FSL</u>	<u>1482</u>	<u>FEL</u> **
Range <u>96W</u>			** attach deviated drilling plan
Range <u>96W</u>			

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 04/01/2017

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:

TEP Rocky Mountain LLC has elected to move the bottom hole location for this well. Attached please find a revised well location plat and directional plan. The casing/cement data has also been revised along with the TD.

Proposed total measured depth - 7095'

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	32.3	0	1000	243	1000	0
First String	8	3		4	4	1		2	11.6	0	7095	603	7095	3702

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 has elected to move the Bottom hole location for this well. Attached please find a revised well location plat and directional plan. The casing/cement data has also been revised along with the TD.

There is no well belonging to another operator within 1500 feet.

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: 2/7/2017

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: 2/16/2017

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

401202579	SUNDRY NOTICE APPROVED-LOC-DRLG-CSG
401203221	WELL LOCATION PLAT
401203600	DEVIATED DRILLING PLAN
401203659	DIRECTIONAL DATA
401212150	FORM 4 SUBMITTED

Total Attach: 5 Files