

FORM

4

Rev
04/13

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 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.

Document Number
RECEIVED
MAR 27 2017
COGCC

OGCC Operator Number: 10626 Contact Name: John Levengood
Name of Operator: Dover-Hawood Corp Phone: (303) 323-1930
Address: 1875 Harsh Ave Fax: ()
City: Massillon State: OH Zip: 44646 Email: JLevengood@tqmail.com

Complete the Attachment
Checklist

OP OGCC

API Number: 05- 009 06339 OGCC Facility ID Number: 205924
Well/Facility Name: Take A-1 Well/Facility Number: A-1
Location QtrQtr: E2SE4 Section: 3 Township: 31S Range: 43W Meridian: _____
County: Baca Field Name: Walsh
Federal, Indian or State Lease Number: _____

Survey Plat		
Directional Survey		
Srvc Eqpm Diagram		
Technical Info Page		
Other		

CHANGE OF LOCATION OR AS BUILT GPS REPORT - None

☐ 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)

FNL/FSL

FEL/FWL

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

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

Current **Surface Location From** QtrQtr Sec

Twp Range Meridian

New **Surface Location To** QtrQtr Sec

Twp Range Meridian

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

Twp Range

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

Twp Range

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

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

**

Current **Bottomhole Location** Sec Twp

Range ** attach deviated drilling plan

New **Bottomhole Location** Sec Twp

Range

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 _____

CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT

Objective Formation	Formation Code	Spacing Order Number	Unit Acreage	Unit Configuration

OTHER CHANGES - *None*

- ☐ **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 _____ Number _____ 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 - *None required*

INTERIM RECLAMATION

- ☐ Interim Reclamation will commence approximately _____
- ☐ Interim reclamation complete, site ready for inspection. 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. 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 _____
- ☐ Final reclamation complete, site ready for inspection. 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. 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 _____

☐ 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 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:

well is in production - form 7 To follow

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:

BMP

Type

Comment

GROUND WATER SAMPLING

Uses of Ground Water Sampling Section

Request an Exception to Ground Water Sampling Requirements in Greater Wattenberg Area Rule 318A.e(4) or in Statewide Rule 609.c. Request a Previously Sampled Water Source in the COGIS database be used to meet sampling requirements as described in Rule 609.d.(3).

NOTE: If this Sundry Notice is being submitted to request a Ground Water Sampling Exception it cannot be used for any other purpose except requesting the use of a Previously Sampled Water Source in the COGIS database.

☐ Request an Exception to Ground Water Sampling Requirements per Greater Wattenberg Area Rule 318A.e(4): There are no Available Water Sources located within the governmental quarter section or within a previously unsampled governmental quarter section within a 1/2-mile radius of this proposed Oil and Gas Well, Multi-Well Site, or Dedicated Injection Well.

☐ Request an Exception to Ground Water Sampling Requirements per Statewide Rule 609.c.

_____ Number of Water Sources located within one-half (1/2) mile of a proposed Oil and Gas Well, Multi-Well Site, or Dedicated Injection Well.

_____ Number of Water Source Exceptions requested per Rule 609.c.

_____ Number of Water Sources determined to be unsuitable. **The condition of these Water Sources MUST be documented in the comments below or in an attachment.**

_____ Number of Water Sources suitable for testing whose owners refused to grant access despite an operator's reasonable good faith efforts to obtain consent to conduct sampling.

The reasonable good faith efforts used to obtain access from the owners of these Water Sources MUST be documented in the comments below or in an attachment.

☐ Request a Previously Sampled Water Source in the COGIS database be used to meet sampling requirements as described in Rule 609.d(3)

_____ Type of Sample Substitution Request

Enter Sample ID Number from COGIS Maps for each Previous Water Sample:

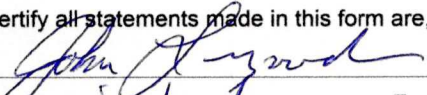
Sample ID	Facility ID	Sample Date	Sample Purpose

COMMENTS

Operator Comments:

Well is in production, pressure build up + sell periodic basis
 pressure builds to 50 pounds.
 well needs pump change - postponed until price improves

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

Signed:  Print Name: _____
 Title: president Email: JLevergood 07@gmail.com Date: 3-23-17

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: _____

State of Colorado
Oil and Gas Conservation Commission

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



For COGCC Use Only

COMPLETED INTERVAL REPORT

RECEIVED

MAR 27 2017

COGCC

The Completed Interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a page for each formation. Attach as many pages as required to fully describe the work. List in order of completion. The completion date for a formation is the Treatment End Date. Reported quantities shall be the total amounts used and recovered as of the submittal date of this form.

OGCC Operator Number: 10626 Operator Contact
Name of Operator: Dover-Atwood Corp Name: John Levensgood
Address: 1875 Marsh Ave Phone: 330-323-1930
City: Massillon State: OH Zip: 44646 FAX:
email: JLevensgood87@gmail.com
API Number: 05-009-06339 Sidetrack: _____ County: _____
Well Name: Tate Well Number: A-1
Location (Qtr Qtr, Sec, Twp, Rng, Meridian): E2 SE4, 3, 31 S, 43 W
Field Code: Baca Field Name: Back-Walsh

Complete the
Attachment
Checklist

OP OGCC

Wellbore Diagram		
Net Pressure Chart		
Wireline Summary		
Cement Summary		

Formation: Topeka

Status: producing

Date of First Production for this formation: 11-16-81 This formation is commingled with another formation ☐
Tubing Size: 2 3/8 Tubing Setting Depth: 3234 Tbg Setting Date: 10-16-81 Packer Depth: none

Formation Treatment

Treatment Type: _____

Perforations Top: _____ Bottom: _____ No. Holes: _____ Hole Size: _____ Open Hole: ☐

Provide a brief summary of the formation treatment: Treatment Dates: Start: _____ End: _____

No treatment or recompleted activity

Total fluid used in treatment (bbl): _____	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal) _____
Type of gas used in treatment: _____	Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____	Number of staged intervals: _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: _____
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>
Fracture stimulations must be reported on FracFocus.org	Reason why green completion not utilized: _____

Test Information

Test Date: _____ Bbls Oil: _____ Mcf Gas: _____ Bbls Water: _____ Test Hours: _____
Calculated 24 Hour Rate: Bbls Oil: _____ Mcf Gas: _____ Bbls Water: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Formation Abandonment

Reason for Non-Production: _____
Date Formation Abandoned: _____ Squeezed: Yes ☐ No ☐ If yes number of sacks cement: _____
Bridge Plug Depth: _____ Sacks of cement on top of bridge plug: _____ Attach wireline and cement job summary.

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

Print Name: John Levensgood

Email: JLevensgood87@gmail.com

Signature: John Levensgood

Title: pres.

Date: 3-23-17