

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: 401412475			
Date Received: 09/25/2017			

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: 52530 Contact Name Ryan Warner
 Name of Operator: MAGPIE OPERATING, INC Phone: (970) 663-6308
 Address: 2707 SOUTH COUNTY RD 11 Fax: (970) 669-6396
 City: LOVELAND State: CO Zip: 80537 Email: magpieoil@yahoo.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 069 06281 00 OGCC Facility ID Number: 217094
 Well/Facility Name: STATE ANDERSON Well/Facility Number: 1-36
 Location QtrQtr: NWNE Section: 36 Township: 5N Range: 68W Meridian: 6
 County: LARIMER Field Name: JOHNSON'S CORNER
 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: _____ (Vertical, Directional, Horizontal)

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

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

Current **Surface** Location **From** QtrQtr NWNE Sec 36

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 _____

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 _____ Twp _____

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	
815	FNL	1915	FEL
Twp <u>5N</u>	Range <u>68W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
			**
Twp _____	Range _____		
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 STATE ANDERSON Number 1-36 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 09/25/2017

☐ 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 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:

Safety prep for the Extraction Johnsons Corner and Johnsons Corner East wells. Will shoot holes at 400' (deepest offset water well is 324') and circulate cement to surface.

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
First String	7	7		8	4	1		2	11.6	0	7659	132	400	0

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

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

Operator Comments:

Please see attached wellbore diagram and procedure. This is a notice for a safety prep aquifer protection squeeze on the subject well for the Extraction Johnsons Corner and Johnsons Corner East fracs. Will perf at 400' and circulate cement to surface.

Workover Procedure:

- 1 MIRU, Nipple Up and Test BOP
- 2 Safety meeting. Unseat tubing and tag for PBTD. GENTLE!!
- Strap and Hydro Test out of the Hole... LD bad joints
- Hydrotest replacement joints as you pick up bad joints.
- 3 Bit and scraper run to 7,006' (50' above top perf)
- 4 Run CCL over Niobrara & Codell formation looking for perfs
- 5 PU wireline set CIBP and set ~50' above top of Niobrara. Load the hole & circulate 1.5 bottoms up
- 6 Pressure test casing & plug to 500 psi for 15 minutes
- 7 CBL from 1,000' to surface
- 8 Perf 2 SPF at 400' - 402'. Establish circulation. Max pressure is 400psi at surface. Can go to 600psi if needed.
- 11 MIRU cement crew and circulate cement to surface
- Pump down 4-1/2. Shut in after diplacement
- Shut down for 25 hours.
- 13 Drill out wiper plug and cement w/ 3-7/8" step blade bit
- 14 CBL from 500' to surface
- 15 Hang tubing off 3 joints above the plug
- 16 RDMO

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

Signed: _____ Print Name: Ryan Warner
Title: Vice President Email: magpieoil@yahoo.com Date: 9/25/2017

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

COGCC Approved: BURN, DIANA Date: 10/12/2017

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

	If additional perforations are confirmed, a Form 5A, Completed Interval Report is to be submitted.
	Form 7, Monthly Report of Operations, requires correction back to the Codell and/or Niobrara completion.
	A Form 5, Drilling Completion Report, should be submitted with contractor's job summaries and any logs run once the job is completed.

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>
401412475	SUNDRY NOTICE APPROVED-REPAIR-CSG
401412477	WELLBORE DIAGRAM
401428490	FORM 4 SUBMITTED

Total Attach: 3 Files