

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: 401494265			
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: 10110 Contact Name Ben Huggins
 Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (303) 398-0478
 Address: 1801 BROADWAY #500 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: bhuggins@gwogco.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 45877 00 OGCC Facility ID Number: 453033
 Well/Facility Name: Pierce DE Well/Facility Number: 26-054
 Location QtrQtr: SESW Section: 23 Township: 8N Range: 66W Meridian: 6
 County: WELD 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 _____ 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:

FNL/FSL		FEL/FWL	
1289	FSL	2354	FWL

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

Current **Surface Location From** QtrQtr SESW Sec 23 Twp 8N Range 66W Meridian 6
 New **Surface Location To** QtrQtr _____ Sec _____ Twp _____ Range _____ Meridian _____

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

583	FNL	1663	FWL

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

Current **Top of Productive Zone Location From** Sec 26 Twp 8N Range 66W

Twp <u>8N</u>	Range <u>66W</u>		
Twp _____	Range _____		

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

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

583	FNL	1663	FWL

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

Current **Bottomhole Location** Sec 26 Twp 8N Range 66W

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 _____

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 12/21/2017

REPORT OF WORK DONE Date Work Completed _____

<input type="checkbox"/> Intent to Recomplete (Form 2 also required)	<input checked="" 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:

Great Western ("GW") is requesting to flare produced gas from the Pierce DE #26-054 well. There is no gas line, however oil production for the well is from the Lyons formation and little to no produced gas is expected from the well. The produced gas will be controlled at >98% efficiency by an on-site enclosed combustion device (ECD). GW estimates gas production to be approximately 49 cf/bbl of oil production. A representative gas analysis from GW's Pierce 1-27 facility has been utilized to estimate emissions and demonstrate H2S composition.

The facility will be in compliance with the requirements of COGCC Rule 805.b.(1).

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: 0 in ppm (parts per million) Date of Measurement or Sample Collection 12/21/2016

Description of Sample Point:

Representative analysis sampled from the wellhead at Great Western's Pierce 1-27 facility.

Absolute Open Flow Potential 5880 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.):

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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: 1300 FEET

Distance to nearest Federal, State, County, or municipal road or highway owned and principally maintained for public use: 1200 FEET

COMMENTS:

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Best Management Practices

No BMP/COA Type

Description

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Operator Comments:

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

Signed: _____ Print Name: Miracle Pfister

Title: Regulatory Manager Email: mpfister@gwogco.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

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General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files