

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
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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: 96850 Contact Name Kellye Garcia
 Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (832) 726-1159
 Address: PO BOX 370 Fax: ()
 City: PARACHUTE State: CO Zip: 81635 Email: kgarcia@terraep.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 23443 00 OGCC Facility ID Number: 449395
 Well/Facility Name: WARE Well/Facility Number: SR 413-12
 Location QtrQtr: NESW Section: 12 Township: 7S Range: 94W Meridian: 6
 County: GARFIELD Field Name: RULISON
 Federal, Indian or State Lease Number: COC36490

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 _____ 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 NESW Sec 12

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 12

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 12 Twp 7S

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	
<u>1784</u>	<u>FSL</u>	<u>2299</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>7S</u>	Range <u>94W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>1738</u>	<u>FSL</u>	<u>364</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>7S</u>	Range <u>94W</u>		
Twp _____	Range _____		
<u>1738</u>	<u>FSL</u>	<u>364</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>7S</u>	Range <u>94W</u>		
Twp _____	Range _____		

**

**

** attach deviated drilling plan

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 02/19/2018

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 checked="" type="checkbox"/> Other <u>Remediation</u>	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

TEP requests remediation on the SR 413-12. Please find the proposed procedure below and the wellbore diagrams attached.

Proposed Procedure

- 1 Notify COGCC, BLM 48 hrs prior to start of activity via electronic Form 42
- 2 R/U WO rig on SR 413-12 well.
- 3 TIH with inflatable packer on tubing string and pressure up on backside with water to test for leak.
- 4 Test with packer from TD to surface and locate the MD of leak.
- 5 Update COGCC, BLM with the depth of the leak and plan forward.
- 6 Rig up Wireline Service run in Owens casing patch set at depth of leak.
- 7 Pressure test casing to 4,000 psi for 15 mins with WO rig equipment
- 8 Nipple up Frac Tree and test casing to 7,500 psi on surface for 30 min (Pressure could change depending depth)
- 9 Complete well and monitor pressures during stimulation.
- 10 Set a kill plug below the casing patch to isolate production interval of wellbore.
- 11 Rig up Wireline Service and remove Owens casing patch
- 12 Set a second kill plug below the depth of the casing leak
- 13 Run tubing to the depth of the leak and prep to pump cement plug.
- 14 Pump 35 sks of 15.8 ppg Class G cement balance plug
- 15 Squeeze cement to a max pressure of 4,000 psi
- 16 TOH with tubing
- 17 Shut in well for 24 hrs
- 18 Pressure test casing to 2,500 psi for 15 mins to ensure squeeze has isolated leak
- 19 Drill out cement plug and all plugs and land tubing
- 20 Monitor well on flowback to make sure Bradenhead pressure is not building

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:

Best Management Practices		
No	BMP/COA Type	Description

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: Kellye Garcia

Title: Land & Regulatory Tech Email: kgarcia@terraep.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>
401528278	OTHER
401528279	OTHER

Total Attach: 2 Files