

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: 401628598			
Date Received: 05/09/2018			

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: 10531 Contact Name Scott Ghan
 Name of Operator: VANGUARD OPERATING LLC Phone: (970) 876.1959
 Address: 5847 SAN FELIPE #3000 Fax: ()
 City: HOUSTON State: TX Zip: 77057 Email: sghan@vnrenergy.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 23497 00 OGCC Facility ID Number: 449868
 Well/Facility Name: CSF Well/Facility Number: 41B-4-791
 Location QtrQtr: SESW Section: 33 Township: 6S Range: 91W Meridian: 6
 County: GARFIELD Field Name: MAMM CREEK
 Federal, Indian or State Lease Number: COC-66576

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 SESW Sec 33

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 4

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 4 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>682</u>	<u>FSL</u>	<u>2308</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>6S</u>	Range <u>91W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>816</u>	<u>FNL</u>	<u>644</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>7S</u>	Range <u>91W</u>		
Twp _____	Range _____		
<u>816</u>	<u>FNL</u>	<u>644</u>	<u>FEL</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 05/16/2018

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>Request to Complete</u>	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

Vanguard Operating LLC respectfully requests approval to start completion operations on the CSF 41B-4-791 well on May 16, 2018. Attached please find the CBL, wellbore diagram and temperature survey.

API No.: 05-045-23497
Temp Survey Run date: 2/1/2018
TOC from survey: 2325'
Top of Gas: : 6,183'
Anticipated Top Perf: 6145'

2/1/2018@ 15:00/ 0 PSI BRAIDEN HEAD @ 0 HRS
2/1/2018@ 19:00/ 0 PSI BRAIDEN HEAD @ 4 HRS*
2/1/2018@ 21:00/ 0 PSI BRAIDEN HEAD @ 6 HRS*
2/2/2018@ 3:00/ 0 PSI BRAIDEN HEAD @ 12 HRS*
2/2/2018@ 15:00/ 0 PSI BRAIDEN HEAD @ 24 HRS*
2/3/2018@ 15:00/ 0 PSI BRAIDEN HEAD @ 48 HRS*
2/4/2018@ 15:00/ 0 PSI BRAIDEN HEAD @ 72 HRS*
FLUID FELL 0" / 0 GAL FLUID NEEDED TO FILL ANNULUS*

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:

[Empty box for 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: Julie Webb
Title: Sr. Regulatory Analyst Email: jwebb@progressivepcs.net Date: 5/9/2018

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: 5/10/2018

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>
Engineering Tech	Pass for Wellbore diagram, CBL, and Temperature logs are for this well	05/09/2018
Permit	Return to draft to get temp log uploaded	05/07/2018
Engineering Tech	Return to draft to get temp log uploaded	05/04/2018

Total: 3 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401628598	SUNDRY NOTICE APPROVED-OTHER-LOG
401628601	PDF-CEMENT BOND
401629216	WELLBORE DIAGRAM
401634225	LAS-TEMPERATURE
401634226	PDF-TEMPERATURE
401635679	FORM 4 SUBMITTED

Total Attach: 6 Files