

# State of Colorado Oil and Gas Conservation Commission

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DE	ET	OE	ES
Document Number: <b>401679830</b>			
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 Geoff Lee  
Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (720) 5952155  
Address: 1801 BROADWAY #500 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: glee@gwogco.com

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 123 46997 00 OGCC Facility ID Number: 455344  
Well/Facility Name: Sack Well/Facility Number: 21-4-16HNB  
Location QtrQtr: SWSW Section: 21 Township: 1N Range: 66W Meridian: 6  
County: WELD Field Name: WATTENBERG  
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 40.031636 PDOP Reading 1.5 Date of Measurement 04/18/2018  
Longitude -104.790186 GPS Instrument Operator's Name James Freshwater

## LOCATION CHANGE (all measurements in Feet)

Well will be: HORIZONTAL (Vertical, Directional, Horizontal)

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

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

Current **Surface** Location **From** QtrQtr SWSW Sec 21  
New **Surface** Location **To** QtrQtr SWSW Sec 21

FNL/FSL		FEL/FWL	
<u>832</u>	<u>FSL</u>	<u>419</u>	<u>FWL</u>
<u>802</u>	<u>FSL</u>	<u>359</u>	<u>FWL</u>
Twp <u>1N</u>	Range <u>66W</u>	Meridian <u>6</u>	
Twp <u>1N</u>	Range <u>66W</u>	Meridian <u>6</u>	

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 21  
New **Top of Productive Zone** Location **To** Sec 21

<u>1660</u>	<u>FSL</u>	<u>460</u>	<u>FWL</u>
<u>1790</u>	<u>FSL</u>	<u>460</u>	<u>FWL</u>

\*\*

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

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

Current **Bottomhole** Location Sec 21 Twp 1N  
New **Bottomhole** Location Sec 21 Twp 1N

<u>1660</u>	<u>FSL</u>	<u>460</u>	<u>FEL</u>
<u>1790</u>	<u>FSL</u>	<u>370</u>	<u>FEL</u>

\*\*

\*\* attach deviated drilling plan

Is location in High Density Area? No

Distance, in feet, to nearest building 540, public road: 347, above ground utility: 339, railroad: 4861,  
property line: 359, lease line: 0, well in same formation: 325

Ground Elevation 5019 feet Surface owner consultation date 03/07/2016

**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 SACK Number 21-4-16HNB Effective Date: 07/01/2018

To: Name Sack KE Number 21-279HN

☐ **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: Changing well name, SHL, entry point and BHL

**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 07/01/2018

☐ 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 checked="" 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:

Changing well name, SHL, entry point and BHL

No change occurred to the 1500' Offset well evaluation buffer so no new Offset well evaluations are needed.

#### 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
Surface String	13	1		2	9	5		8	36	0	1700	707	1700	0
First String	8	1		2	5	1		2	17	0	12385	1054	12385	4700

#### 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**

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

**Operator Comments:**

Changing well name, SHL, entry point and BHL

This well has a bottom hole location beyond the unit boundary setback. The bottom of the completed interval will be within the unit boundary setback at 1790' FSL and 470' FEL of Section 21. The wellbore beyond the unit boundary setback will be physically isolated and will not be completed.

Distance from completed portion of the wellbore to nearest wellbore permitted or completed in the same formation was measured to the proposed Sack KE 21-242HC. this distance is measured in 3D

No change occurred to the 1500' Offset well evaluation buffer so no new Offset well evaluations are needed.

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

Signed: \_\_\_\_\_ Print Name: Geoff Lee

Title: Regulatory Analyst Email: regulatorypermitting@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**

401679888	DEVIATED DRILLING PLAN
401679892	WELL LOCATION PLAT
401679894	DIRECTIONAL DATA

Total Attach: 3 Files