

**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:<br><b>401683737</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: 10633 Contact Name Meghan Campbell  
Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (720) 410-8487  
Address: 1801 CALIFORNIA STREET #2500 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: meghan.campbell@crestonepr.com

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 123 46569 00 OGCC Facility ID Number: 454450  
Well/Facility Name: Ruegge Well/Facility Number: 3C-4H-N165  
Location QtrQtr: SESW Section: 4 Township: 1n Range: 65w 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 \_\_\_\_\_ 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 4

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 1N

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           |     |
|---------------|------------------|-------------------|-----|
| 694           | FSL              | 2057              | FWL |
|               |                  |                   |     |
| Twp <u>1n</u> | Range <u>65w</u> | Meridian <u>6</u> |     |
| Twp _____     | Range _____      | Meridian _____    |     |
| 460           | FSL              | 260               | FWL |
|               |                  |                   |     |
| Twp <u>1N</u> | Range <u>65W</u> |                   |     |
| Twp _____     | Range _____      |                   |     |
| 460           | FNL              | 250               | FWL |
|               |                  |                   |     |
|               |                  |                   |     |

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\*\* attach deviated drilling plan

| CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT |                |                      |              |                    |
|-------------------------------------------------------|----------------|----------------------|--------------|--------------------|
| Objective Formation                                   | Formation Code | Spacing Order Number | Unit Acreage | Unit Configuration |
|                                                       |                |                      |              |                    |

**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   RUEGGE                                  Number   3C-4H-N165                                  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 06/29/2018

☐ 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>Log Program Exception Request</u> | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases          |                                                        |

COMMENTS:

#### 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**

| <b><u>No</u></b> |                                | <b><u>BMP/COA Type</u></b> | <b><u>Description</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------|--------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5                | Drilling/Completion Operations |                            | Rule 317.p Logging Program<br>One of the first wells drilled on the pad will be logged with Cased hole Pulsed Neutron Log with Gamma Ray Log from the kick-off point to into the surface casing. All wells on the pad will have a cement bond log with gamma-ray run on production casing (or on intermediate casing if production liner is run) into the surface casing. The horizontal portion of every well will be logged with a measured while-drilling gamma-ray log. The Form 5, Completion Report, for each well on the pad will list all logs run in that well and have those logs attached. The Form 5 for each well shall clearly state "No open-hole logs were run" and shall reference the Rule 317.p Exception granted for the well. |

Total: 1 comment(s)

**Operator Comments:**

Crestone would also like to ask for the Rule 317.p exception for the previously referenced well and all of the wells on the pad, listed below.

Ruegge 3D-4H-N165, 123-46556  
Ruegge 3E-4H-N165, 123-46565  
Ruegge 3F-4H-N165, 123-46570  
Ruegge 3G-4H-N165, 123-46566  
Ruegge 3H-4H-N165, 123-46558  
Ruegge 3I-4H-N165, 123- 46559  
Ruegge 3J-4H-N165, 123-46562  
Ruegge 3K-4H-N165, 123-46563  
Ruegge 3L-4H-N165, 123-46561  
Ruegge 3M-4H-N165, 123-46567  
Ruegge 3N-4H-N165, 123-46571  
Ruegge 3O-4H-N165, 123-46564  
Ruegge 3P-4H-N165, 123-46557  
Ruegge 3Q-4H-N165, 123-46560  
Ruegge 3R-4H-N165, 123-46568

Please see attached letter requesting the exception per existing offset well Stelling 24-4 (123-20848) which has an induction log that qualifies.

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

Signed: \_\_\_\_\_ Print Name: Meghan Campbell  
Title: Regulatory Analyst Email: meghan.campbell@crestonepr.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**

|  |  |
|--|--|
|  |  |
|--|--|

**General Comments****User Group****Comment****Comment Date**

|  |  |                        |
|--|--|------------------------|
|  |  | Stamp Upon<br>Approval |
|--|--|------------------------|

Total: 0 comment(s)

**Attachment Check List****Att Doc Num****Name**

|           |                             |
|-----------|-----------------------------|
| 401684399 | OPEN HOLE LOGGING EXCEPTION |
|-----------|-----------------------------|

Total Attach: 1 Files