FORM 4
Rev 04/13

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: 401724618

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: 10518 Contact Name Brittany Rothe

Name of Operator: CONFLUENCE DJ LLC Phone: (303) 226-9519

Address: 1001 17TH STREET #1250 Fax: ( )

City: DENVER State: CO Zip: 80202 Email: brothe@confluencelp.com

Complete the Attachment Checklist

OP OGCC

API Number : 05- 123 45330 00 OGCC Facility ID Number: 451970

Well/Facility Name: 70 Ranch Well/Facility Number: 10-11-8

Location QtrQtr: SENE Section: 10 Township: 4N Range: 63W Meridian: 6

County: WELD Field Name: WATTENBERG

Federal, Indian or State Lease Number:

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)

	FNL/FSL		FEL/FWL		
Change of **Surface** Footage **From** Exterior Section Lines:	2450	FNL	517	FEL	
Change of **Surface** Footage **To** Exterior Section Lines:					

Current **Surface** Location **From**	QtrQtr	SENE	Sec	10	Twp	4N	Range	63W	Meridian 6
New **Surface** Location **To**	QtrQtr		Sec		Twp		Range		Meridian

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:	1980	FSL	470	FWL	
Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:					**

Current **Top of Productive Zone** Location **From**	Sec	11	Twp	4N	Range	63W
New **Top of Productive Zone** Location **To**	Sec		Twp		Range	

Change of **Bottomhole** Footage **From** Exterior Section Lines:	1980	FSL	470	FEL	
Change of **Bottomhole** Footage **To** Exterior Section Lines:					**

Current **Bottomhole** Location	Sec	11	Twp	4N	Range	63W	** 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

CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT

Objective Formation	Formation Code	Spacing Order Number	Unit Acreage	Unit Configuration
NIOBRARA	NBRR		640	GWA

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 70 RANCH Number 10-11-8 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 _____

☐ REPORT OF WORK DONE Date Work Completed _____

☐ Intent to Recomplete (Form 2 also required) ☐ Request to Vent or Flare ☐ E&P Waste Mangement Plan

☐ Change Drilling Plan ☐ Repair Well ☐ Beneficial Reuse of E&P Waste

☐ Gross Interval Change ☐ Rule 502 variance requested. Must provide detailed info regarding request.

☐ Other _____ ☐ 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

No	BMP/COA Type	Description

Operator Comments:

Operator wishes to amend the 318A.e spacing unit to cover all of Section 11.

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

Signed: _____ Print Name: Tishany Jenkins

Title: Permit Agent Email: tjenkins@upstreampm.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 Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num	Name
401734331	PROPOSED SPACING UNIT

Total Attach: 1 Files