

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: 401800266			
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: 10665 Contact Name Keith Myers
 Name of Operator: CCRP OPERATING INC Phone: (720) 961-4057
 Address: 717 17TH STREET STE 1525 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: kmyers@clearcreekrp.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 00 OGCC Facility ID Number: 456179
 Well/Facility Name: True Ranch Fee Well/Facility Number: 2326 East
 Location QtrQtr: NENE Section: 23 Township: 12N Range: 65W Meridian: 6
 County: WELD Field Name: WILDCAT
 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)

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

FNL/FSL		FEL/FWL	
400	FNL	1200	FEL

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

Current **Surface** Location **From** QtrQtr NENE Sec 23 Twp 12N Range 65W Meridian 6
 New **Surface** Location **To** QtrQtr _____ Sec _____ Twp _____ Range _____ Meridian _____

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 _____ Twp _____ Range _____
 New **Top of Productive Zone** Location **To** Sec _____ Twp _____ Range _____

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

			**

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

Current **Bottomhole** Location Sec _____ Twp _____ Range _____
 New **Bottomhole** Location Sec _____ Twp _____ Range _____

** attach deviated drilling plan

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 _____

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 TRUE RANCH FEE Number 2326 EAST 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 11/01/2018

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 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>Add MLVT to location</u> | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases | |

COMMENTS:

This sundry is being submitted to document the addition of an MLVT to the well pad surface.

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

<u>No</u>	<u>BMP/COA Type</u>	<u>Description</u>
5	Construction	1A. CONSTRUCTION: MLVT will be erected using experienced contractors and in accordance with engineering specifications. The MLVT to be used has been designed, certified and stamped by a professionally licensed engineer. Stamped drawing are available upon request. 1B. CONSTRUCTION: The MLVT will be no less than 75' from any wellhead, fired vessel, heater-treater, or a compressor with a rating of 200 HP or more. It will be placed no less than 50' from any separator, well test unit, or other non-fired equipment. 1C. CONSTRUCTION: Prior to erecting and filling the MLVT, the well pad will be properly compacted to accommodate the load bearing of the tank at full capacity. An 8oz Geotextile liner underneath a 30 mil impervious geomembrane flex liner
5	Drilling/Completion Operations	2A. OPERATIONS: The MLVT will hold only freshwater; signs will be posted on the tank to identify that it is for freshwater only. The tank shall maintain 1' of freeboard at all times. 2B. OPERATIONS: The Operator will have experienced contractors and inspectors performing daily and routine inspections of the tank to ensure that there are no structural deficiencies, free of liner leaks, freeboard is maintained and ground settlement around the tank is not occurring. Only authorized personnel will be allowed to perform work around the MLVT. The operator has a spill prevention plan on file to deal with any freshwater spills should they occur.

Total: 2 comment(s)

Operator Comments:

This sundry is being submitted to document the addition of an MLVT. Attached are MLVT Diagrams and Location Layout Drawing.

The operator certifies that the MLVT will be in compliance with the COGCC Policy on the Modular Large Volume Tanks in Colorado. Designed, certified and sealed engineering drawings are available upon request.

MLVT Specifications:

- Manufacturer: Hydrologistics
- Size and Volume: One (1) 89' diameter/13,300 barrels
- Anticipated Timeframe: 45 days.

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

Signed: _____ Print Name: Kimberly Rodell
Title: Permit Agent Email: krodell@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:

<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>
401800276	OTHER
401800279	OTHER

Total Attach: 2 Files