

State of Colorado
Oil and Gas Conservation Commission

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DE	ET	OE	ES
Document Number: <u>401739260</u>			
Date Received: <u>08/27/2018</u>			

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: 1001 17TH STREET #2000 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: glee@gwogco.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 44370 00 OGCC Facility ID Number: 449552
 Well/Facility Name: Ottesen LE Well/Facility Number: 09-377HC
 Location QtrQtr: NWSE Section: 33 Township: 1N Range: 66W 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 40.004600 PDOP Reading 1.3 Date of Measurement 06/30/2016
 Longitude -104.778431 GPS Instrument Operator's Name DALLAS NIELSEN

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 NWSE Sec 33

New **Surface** Location **To** QtrQtr NWSE Sec 33

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 4

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

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

Current **Bottomhole** Location Sec 9 Twp 1S

New **Bottomhole** Location Sec 9 Twp 1S

Is location in High Density Area? No

Distance, in feet, to nearest building 1209, public road: 1501, above ground utility: 1302, railroad: 5280,
 property line: 1028, lease line: 0, well in same formation: 261

Ground Elevation 5078 feet Surface owner consultation date 11/25/2016

FNL/FSL		FEL/FWL	
<u>1510</u>	<u>FSL</u>	<u>1593</u>	<u>FEL</u>
<u>1510</u>	<u>FSL</u>	<u>1608</u>	<u>FEL</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>	
<u>460</u>	<u>FNL</u>	<u>1009</u>	<u>FWL</u>
<u>460</u>	<u>FNL</u>	<u>1219</u>	<u>FWL</u> **
Twp <u>1S</u>	Range <u>66W</u>		
Twp <u>1S</u>	Range <u>66W</u>		
<u>470</u>	<u>FSL</u>	<u>1017</u>	<u>FWL</u>
<u>370</u>	<u>FSL</u>	<u>1223</u>	<u>FWL</u> **

** 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 10/01/2018

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:

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	18036	1512	18036	

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:

<u>Best Management Practices</u>		
<u>No</u>	<u>BMP/COA Type</u>	<u>Description</u>

Operator Comments:

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 470' FSL and 1223' FWL of Section 9. 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 Ottesen LE 09-376HN. This distance is measured in 3D.

Changing well name, SHL, entry point and BHL.

SHL Change: 15'
 EP Change: 210'
 BHL Change: 233'

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: 8/27/2018

Based on the information provided herein, this Sundry Notice (Form 4) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: Trask, Sabrina Date: 10/19/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

	<p>This Form 4 makes changes to the approved Form 2 and must be displayed with the Form 2 while drilling.</p> <p>Oil-based drilling fluid is to be used only after all fresh water aquifers are covered.</p> <p>Bradenhead tests shall be performed according to the following schedule and the Form 17 submitted within 10 days of each test:</p> <ol style="list-style-type: none"> 1) Within 60 days of rig release and prior to stimulation and 2) If a delayed completion, 6 months after rig release and prior to stimulation. 3) Within 30 days after first production, as reported on Form 5A. <p>If a bradenhead test reports a surface casing pressure greater than 200 psig stimulation is not allowed until the Engineering Supervisor has been consulted.</p>
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General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Cement coverage required (from TD to at minimum 200' above Niobrara) is a COA on the Form 2. Offset mitigation COA on the Form 2.	09/07/2018

Total: 1 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401739260	SUNDRY NOTICE APPROVED-LOC-NAME-DRLG-CSG
401739297	DIRECTIONAL DATA
401739298	DEVIATED DRILLING PLAN
401739299	WELL LOCATION PLAT
401803732	FORM 4 SUBMITTED

Total Attach: 5 Files