

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
----	----	----	----

Submit By Other Operator

Document Number:
401803762
Date Received:
10/19/2018

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: 10459 Contact Name MICHAEL SCHWARZ
 Name of Operator: EXTRACTION OIL & GAS INC Phone: (720) 9747754
 Address: 370 17TH STREET SUITE 5300 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: MSCHWARZ@EXTRACTIONOG.COM

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 47481 00 OGCC Facility ID Number: 456277
 Well/Facility Name: Rinn Valley West Well/Facility Number: 18N-25-04N
 Location QtrQtr: SESE Section: 18 Township: 2N Range: 68W 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)

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

FNL/FSL		FEL/FWL	
207	FSL	729	FEL

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

--	--	--	--

Current **Surface** Location **From** QtrQtr SESE Sec 18

Twp 2N Range 68W Meridian 6

New **Surface** Location **To** QtrQtr _____ Sec _____

Twp _____ Range _____ Meridian _____

Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

460	FSL	1120	FEL
-----	-----	------	-----

Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

				**
--	--	--	--	----

Current **Top of Productive Zone** Location **From** Sec 18

Twp 2N Range 68W

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

Twp _____ Range _____

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

2180	FSL	1120	FEL
------	-----	------	-----

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

				**
--	--	--	--	----

Current **Bottomhole** Location Sec 6 Twp 2N Range 68W

** 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 _____

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 10/22/2018

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 checked="" 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:

EXTRACTION WILL PURSUE OPTION 4 TO SATISFY THE COA PLACED ON OUR RINN VALLEY WEST WELLS. A PACKER WILL BE SET AT 6,565', SURFACE EQUIPMENT UPGRADED TO 5,000 PSI RATED EQUIPMENT, AND THE BRADENHEAD WILL BE CONTINUALLY MONITORED THROUGH OUR SCATA SYSTEM.

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:

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

Operator Comments:

--

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

Signed: _____ Print Name: MICHAEL SCHWARZ
 Title: PRODUCTION ENGINEER Email: MSCHWARZ@EXTRACTIONOG.COM Date: 10/19/2018

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

COGCC Approved: Wolfe, Stephen Date: 10/22/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type**Description**

	Approval of this sundry authorizes an Option 4 mitigation of the Mayeda, John Y. 2 (05-123-11075) as required by COA on the following wells, Rinn Valley West 18N-25-02C (05-123-47474), Rinn Valley West 18N-25-03N (05-123-47471), Rinn Valley West 18N-25-04N (05-123-47481). The COA for the Mayeda, John Y. 2 (05-123-11075) remains an Option 1 or 2 for the remaining APDs on the Rinn Valley West pad.
	Operator acknowledges the proximity of the listed wells. Operator assures that this offset list will be remediated per the DJ Basin Horizontal Offset Policy (option 4). Operator will submit a Form 42 ("OTHER – AS SPECIFIED BY PERMIT CONDITION") stating that appropriate mitigation will be completed, during the hydraulic stimulation of this permitted well. This Form 42 shall be filed 48 hours prior to stimulation. Operator will isolate NB-CD-J formations with a packer below top of cement and install wellhead equipment that is rated to 5000 psi. Operator will assure that the offset well's Bradenhead is open and monitored during the entire stimulation treatment – a person will monitor for any evidence of fluid, a Bradenhead test will be performed prior to the beginning of stimulation and Form 17 submitted. Mayeda, John Y. 2 (05-123-11075)

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	RTD. Submit as operator of the well.	10/19/2018

Total: 1 comment(s)

Attachment Check List

Att Doc Num**Name**

401803762	SUNDRY NOTICE APPROVED-REPAIR
401804954	FORM 4 SUBMITTED

Total Attach: 2 Files