

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: 401762668			
Date Received: 09/13/2018			

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: 69175 Contact Name Ally Ota
 Name of Operator: PDC ENERGY INC Phone: (303) 860-5800
 Address: 1775 SHERMAN STREET - STE 3000 Fax: ()
 City: DENVER State: CO Zip: 80203 Email: alexandria.ota@pdce.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 47434 00 OGCC Facility ID Number: 456213
 Well/Facility Name: Paonia Well/Facility Number: 8N
 Location QtrQtr: SWSE Section: 32 Township: 4N 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 40.263840 PDOP Reading 1.1 Date of Measurement 09/04/2018
 Longitude -104.686420 GPS Instrument Operator's Name Jake Stille

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 SWSE Sec 32

New **Surface** Location **To** QtrQtr SWSE Sec 32

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 32

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 29 Twp 4N

New **Bottomhole** Location Sec 29 Twp 4N

Is location in High Density Area? No

Distance, in feet, to nearest building 1638, public road: 779, above ground utility: 2627, railroad: 5280,

property line: 230, lease line: 150, well in same formation: 284

Ground Elevation 4903 feet Surface owner consultation date _____

FNL/FSL		FEL/FWL	
<u>640</u>	<u>FSL</u>	<u>2434</u>	<u>FEL</u>
<u>790</u>	<u>FSL</u>	<u>2434</u>	<u>FEL</u>
Twp <u>4N</u>	Range <u>65W</u>	Meridian <u>6</u>	
Twp <u>4N</u>	Range <u>65W</u>	Meridian <u>6</u>	
<u>737</u>	<u>FSL</u>	<u>1490</u>	<u>FEL</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Twp <u>4N</u>	Range <u>65W</u>		
Twp <u> </u>	Range <u> </u>		
<u>200</u>	<u>FNL</u>	<u>1490</u>	<u>FEL</u>
<u>150</u>	<u>FNL</u>	<u>1490</u>	<u>FEL</u>

**

**

** attach deviated drilling plan

CHANGE OR ADD OBJECTIVE FORMATION AND/OR SPACING UNIT

<u>Objective Formation</u>	<u>Formation Code</u>	<u>Spacing Order Number</u>	<u>Unit Acreage</u>	<u>Unit Configuration</u>

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 PAONIA Number 8N Effective Date: 09/13/2018

To: Name Harvey Number 12N

☐ **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: Stimulation Setback Consent

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 03/01/2019

☐ 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:

Revised OWE attached. Casing and cementing program remain unchanged.
COGCC: See Casing table and COA

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	12	1		4	9	5		8	36	0	1800	920	1800	0

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:

This sundry is being submitted to change the well name, shift the SHL to accommodate 4 new wells on the pad, and update the BHL to reflect approved DSU boundaries.

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

Signed: _____

Print Name: Ally Ota

Title: Regulatory Tech

Email: alexandria.ota@pdce.com

Date: 9/13/2018

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: 11/7/2018

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description
	1) Oil-based drilling fluid is to be used only after all fresh water aquifers are covered. 2) Per operator request, increased surface casing depth to 1800' for aquifer protection. Increase cement volume accordingly. 3) This Form 4 makes changes to the approved Form 2 and must be displayed with the Form 2 while drilling.
	Operator will submit signed Rule 317.s Stimulation Setback Consents via Sundry Notice, Form 4 prior to stimulation of this well. In the Form 5A comments, operator will (1) certify that this well has no treated interval within 150' of the treated interval of another operator's well for which a signed Stimulation Setback Consent was not obtained, (2) provide the following information for all other operator's offset wells without consent that have a treated interval within 150' of this as-drilled wellbore: well name and API number, depth of the perforation in this well nearest to the treated interval of the offset well, and the distance between the wells at that depth, and (3) address the wells listed below as either (a) obtained consent or (b) treated interval more than 150' away from this as-drilled wellbore. Spayd 20-29 (API 123-29350)
	Operator acknowledges the proximity of the following non-operated listed wells: Operator agrees to: provide mitigation option 1 or 2 (per the DJ Basin Horizontal Offset Policy) to mitigate the situation, ensure all applicable documentation is submitted based on the selected mitigation option chosen, and submit a Form 42 ("OFFSET MITIGATION COMPLETED") for the remediated wells, referencing the API number of the proposed horizontal well(s) stating what appropriate mitigation occurred and that it has been completed, prior to the hydraulic stimulation of this well. RURAL 31-15 (API NO 123-23990)

General Comments

User Group	Comment	Comment Date
Engineer	317.r Ray 23-32 (API 05-123-24188) 317.r,s Spayd 20-29 (API 123-29350)	11/07/2018
Permit	Permitting review complete and task passed.	11/05/2018

Total: 2 comment(s)

Attachment Check List

Att Doc Num	Name
2466123	STIMULATION SETBACK CONSENT
2466125	OFFSET WELL EVALUATION
401762668	SUNDRY NOTICE APPROVED-LOC-NAME-DRLG-CSG-DOC
401762686	WELL LOCATION PLAT
401762687	DEVIATED DRILLING PLAN
401762689	DIRECTIONAL DATA
401831133	FORM 4 SUBMITTED

Total Attach: 7 Files