

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: 401850215			
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: 96850 Contact Name Vicki Schoeber
 Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2721
 Address: PO BOX 370 Fax: ()
 City: PARACHUTE State: CO Zip: 81635 Email: vschoeber@terraep.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 23700 00 OGCC Facility ID Number: 452070
 Well/Facility Name: CHEVRON Well/Facility Number: TR 443-22-597
 Location QtrQtr: NESW Section: 22 Township: 5S Range: 97W Meridian: 6
 County: GARFIELD Field Name: TRAIL RIDGE
 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: DIRECTIONAL (Vertical, Directional, Horizontal)

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

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

Current **Surface** Location **From** QtrQtr NESW Sec 22

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

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 22

New **Top of Productive Zone** Location **To** Sec 22

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

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

Current **Bottomhole** Location Sec 22 Twp 5S

New **Bottomhole** Location Sec 22 Twp 5S

Is location in High Density Area? No

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

property line: 5280, lease line: 5280, well in same formation: 338

Ground Elevation 8143 feet Surface owner consultation date _____

FNL/FSL		FEL/FWL	
<u>1346</u>	<u>FSL</u>	<u>2402</u>	<u>FWL</u>
Twp <u>5S</u>	Range <u>97W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>1949</u>	<u>FSL</u>	<u>660</u>	<u>FEL</u>
<u>2142</u>	<u>FSL</u>	<u>2512</u>	<u>FEL</u> **
Twp <u>5S</u>	Range <u>97W</u>		
Twp <u>5S</u>	Range <u>97W</u>		
<u>1949</u>	<u>FSL</u>	<u>660</u>	<u>FEL</u>
<u>2142</u>	<u>FSL</u>	<u>2512</u>	<u>FEL</u> **
Twp _____	Range <u>97W</u>		
Twp _____	Range <u>97W</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 12/01/2018

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:

TEP Rocky Mountain LLC has elected to move the bottom hole location of this well. Attached please find a revised well location plat and directional plan. The casing/cement data has also been revised along with the TD.

Proposed total measured depth - 9539'

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	14	3		4	9	5		8	36	0	2823	929	2823	0
First String	8	3		4	4	1		2	11.6	0	9539	1071	9539	4046

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:

There is no well belonging to another operator within 1,500 ft. Updated multi-well plan for the Chevron TR 23-22-597 pad was submitted via Form 4 Doc #401850425.
--

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

Signed: _____ Print Name: Vicki Schoeber
Title: Regulatory Specialist Email: vschoeber@terraep.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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

401850355	DIRECTIONAL DATA
401850358	DEVIATED DRILLING PLAN
401850363	WELL LOCATION PLAT

Total Attach: 3 Files