

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
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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 EILEEN ROBERTS
 Name of Operator: GREAT WESTERN OPERATING COMPANY LLC Phone: (720) 595-2115
 Address: 1001 17TH STREET #2000 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: eroberts@gwogco.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 001 10338 00 OGCC Facility ID Number: 460114
 Well/Facility Name: Brant LE Well/Facility Number: 08-242HN
 Location QtrQtr: SENE Section: 11 Township: 1S Range: 67W Meridian: 6
 County: ADAMS 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 39.980632 PDOP Reading 1.2 Date of Measurement 08/10/2017
 Longitude -104.847875 GPS Instrument Operator's Name CHAD MEIERS

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 SENE Sec 11

New **Surface** Location **To** QtrQtr SENE Sec 11

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 12

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 08 Twp 1S Range 66W

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

Is location in High Density Area? No

Distance, in feet, to nearest building 541, public road: 220, above ground utility: 746, railroad: 5280,

property line: 207, lease line: _____, well in same formation: _____

Ground Elevation _____ feet Surface owner consultation date 01/30/2014

FNL/FSL		FEL/FWL	
<u>2265</u>	<u>FNL</u>	<u>305</u>	<u>FEL</u>
<u>2251</u>	<u>FNL</u>	<u>317</u>	<u>FEL</u>
Twp <u>1S</u>	Range <u>67W</u>	Meridian <u>6</u>	
Twp <u>1S</u>	Range <u>67W</u>	Meridian <u>6</u>	
<u>1875</u>	<u>FSL</u>	<u>460</u>	<u>FWL</u>
_____	_____	_____	_____ **
Twp <u>1S</u>	Range <u>67W</u>		
Twp _____	Range _____		
<u>1875</u>	<u>FSL</u>	<u>370</u>	<u>FEL</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 02/28/2019

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:

No point of the wellbore is changing other than the SHL. SHL Change: 79'

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	717	1700	0
First String	8	1		2	5	1		2	17	0	23073	3139	23073	4200

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:

No point of the wellbore is changing other than the SHL. SHL Change: 79'

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

Signed: _____ Print Name: Eileen Roberts
Title: REGULATORY ANALYST Email: regulatorypermitting@gwogco.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

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

401909683	WELL LOCATION PLAT
401927713	DIRECTIONAL DATA
401927718	DEVIATED DRILLING PLAN

Total Attach: 3 Files