

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: 401967314			
Date Received: 03/11/2019			

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: 10583 Contact Name ANDY PETERSON
 Name of Operator: PETRO OPERATING COMPANY LLC Phone: (970) 669-7411
 Address: 9033 E EASTER PLACE SUITE 112 Fax: ()
 City: CENTENNIAL State: CO Zip: 80112-2105 Email: andy@petersonenergyoperating.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 49818 00 OGCC Facility ID Number: 462851
 Well/Facility Name: FLASCHENRIEM Well/Facility Number: 4
 Location QtrQtr: SENW Section: 3 Township: 4N Range: 68W 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 _____ PDOP Reading _____ Date of Measurement _____
 Longitude _____ GPS Instrument Operator's Name _____

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 SENW Sec 3

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 34

New **Top of Productive Zone** Location **To** Sec 34

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

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

Current **Bottomhole** Location Sec 35 Twp 5N

New **Bottomhole** Location Sec 35 Twp 5N

Is location in High Density Area? No

Distance, in feet, to nearest building 736, public road: 2165, above ground utility: 793, railroad: 5280,
 property line: 526, lease line: 0, well in same formation: 291

Ground Elevation 5069 feet Surface owner consultation date 04/20/2018

FNL/FSL		FEL/FWL	
<u>1893</u>	<u>FNL</u>	<u>2178</u>	<u>FWL</u>
Twp <u>4N</u>	Range <u>68W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>1410</u>	<u>FSL</u>	<u>2194</u>	<u>FEL</u>
<u>1585</u>	<u>FSL</u>	<u>2194</u>	<u>FEL</u> **
Twp <u>5N</u>	Range <u>68W</u>		
Twp <u>5N</u>	Range <u>68W</u>		
<u>1421</u>	<u>FSL</u>	<u>460</u>	<u>FEL</u>
<u>1596</u>	<u>FSL</u>	<u>460</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 03/18/2019

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:

Request to change the TPZ & BHL as well as update Casing & Cement for this well. Updated Plat and Directional Survey attached and Data Sheet uploaded.

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	1500	576	1500	0
First String	8	1		2	5	1		2	17	0	15640	1994	15640	

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:

Request to change the TPZ & BHL as well as update Casing & Cement for this well.
 Updated Plat and Directional Survey attached and Data Sheet uploaded.
 Distance to nearest well measured to FLASCHENRIEM 3.

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

Signed: _____ Print Name: Paul Gottlob
 Title: Regulatory & Engin. Tech. Email: paul.gottlob@iptenergyservices.com Date: 3/11/2019

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

COGCC Approved: McCoy, Diane Date: 3/15/2019

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>
	COA: Within 30-days of drilling and construction are complete, the Operator will submit a surveyed Location drawing, revised Facility Layout Drawing, and revised Multi-well plan via Form 4 Sundry with distances from the nearest well, production equipment, and edge of disturbance to the nearest building unit to show all wells and production are no less than the distances on the Form 2A.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Permitting review complete and task passed. Corrected distance to nearest well in same formation and added comment: Distance to nearest well measured to FLASCHENRIEM 3.	03/12/2019

Total: 1 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401967314	SUNDRY NOTICE APPROVED-LOC-DRLG-CSG
401967384	WELL LOCATION PLAT
401968101	DIRECTIONAL DATA
401968108	DEVIATED DRILLING PLAN
401973594	FORM 4 SUBMITTED

Total Attach: 5 Files