

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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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: 10433 Contact Name Dan Fouts
 Name of Operator: LARAMIE ENERGY LLC Phone: (970) 852-1170
 Address: 1401 SEVENTEENTH STREET #1401 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: dfouts@laramie-energy.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 077 09002 00 OGCC Facility ID Number: 282734
 Well/Facility Name: VEGA UNIT Well/Facility Number: 34-12
 Location QtrQtr: SENE Section: 33 Township: 9S Range: 93W Meridian: 6
 County: MESA Field Name: VEGA
 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:

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

Current **Surface** Location **From** QtrQtr SENE Sec 33

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 _____

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

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

Current **Bottomhole** Location Sec 34 Twp 9S

New **Bottomhole** Location Sec _____ Twp _____

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 _____

FNL/FSL		FEL/FWL	
<u>2589</u>	<u>FNL</u>	<u>262</u>	<u>FEL</u>
_____	_____	_____	_____
Twp <u>9S</u>	Range <u>93W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
<u>1646</u>	<u>FNL</u>	<u>355</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>9S</u>	Range <u>93W</u>		
Twp _____	Range _____		
<u>1646</u>	<u>FNL</u>	<u>355</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>9S</u>	Range <u>93W</u>		
Twp _____	Range _____		

**

**

** 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 VEGA UNIT Number 34-12 Effective Date: _____

To: Name _____ Number _____

☐ **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: _____

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 04/22/2019

☐ 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 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 checked="" type="checkbox"/> Other <u>Test for SWD conversion</u> | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases | |

COMMENTS:

PROCEDURE:

1. Abandon Production Perforations and Pressure Test Wellbore:
2. Hold pre-job safety meeting with all personnel involved in each operation.
3. MIRU service rig, pump, and 400-500 bbl water tank.
4. Kill well with lease water.
5. ND production tree.
6. NU and test Class III BOPE to 2500 psi for 10 minutes.
7. Unland tubing hanger.
8. POOH standing back tubing.
9. MIRU wireline unit.
10. Run wireline gauge ring to 6550'.
11. Wireline set 4-1/2" 10K CIBP @ 6500'.
12. Fill well with production water to ensure CIBP holds fluid column.
13. Perform charted pressure test of casing to 2,000 psi for 30'.
14. Dump 50 LF (4 sx) neat Class G cement plug on top of CIBP @ 6450'-6500'.
15. Allow cement to set for at least 24 hours.
- Prep for Wireline Operations:
16. MIRU nitrogen unit.
17. RIH open ended tubing and blow well dry down to top of plug @ 6450'.
18. RDMO nitrogen unit.
19. POOH laying down tubing.
20. RDMO workover rig.
21. Shoot fluid level and submit to engineering.
- Perforate Injection Formations:
22. MIRU wireline.
23. NU and test wireline BOPE.
24. Run gauge ring to fluid level.
25. Set 4-1/2" 10K CIBP @ 100' above fluid level. Note: CIBP must be set no higher than 5800'.
26. Correlate to Halliburton CBL dated "1 OCTOBER 2006" (COGCC Document # 1405639).
27. Perforate the following intervals with 3-1/8" HSC guns loaded 3 spf 120 deg with Owen 19g HERO SGH-3119-330 charges:
 - a. 5605'-5620' (15')
 - b. 5586'-5596' (10')
 - c. 5480'-5510' (30')
 - d. 5450'-5462' (12')
 - e. 5377'-5443' (66')

- f. 5286'-5304' (18')
- g. 5235'-5255' (20')
- h. 5190'-5228' (38')
- i. 5170'-5185' (15')

Collect Injection Formations Water Samples for Analysis:

- 28. Hold pre-job safety meeting with all personnel involved in this operation.
- 29. Collect (3) x 1 quart samples of formation water using wireline bailer.
- 30. RDMO wireline.
- 31. Send water samples to lab for analysis.

Pump Step Rate Test:

- 32. Hold pre-job safety meeting with all personnel involved in this operation.
- 33. Manifold tanks in (2) parallel trains with a central take-point to ensure adequate deliverability.
- 34. Fill portable tanks with lease water.
- 35. Install flow meter at wellhead. Reconfigure tubing transducer to record bradenhead pressure.
- 36. Verify automation and telemetry are functioning and recording data.
- 37. Install company owned memory pressure gauges on casing and bradenhead for redundancy.
- 38. MIRU charge pump, filter pod unit with 10 micron filters, and 500 hp triplex pump.
- 39. Pump step rate test as per attached "Step Rate Test Schedule."
- 40. Shut in well upstream of casing pressure gauges immediately at end of pumping.
- 41. Continue collecting data until surface gauge reads 0 psi for 24 hours.
- 42. Shut in and secure well.
- 43. Engineering to analyze step rate test to determine frac gradient.

Pump Injectivity Test:

- 44. Pump produced water up to maximum pressure and rate determined from step rate test data analysis for up to 30 days to determine viability of well for long term SWD purposes.
- 45. Shut in and secure well.

Step Rate Test Schedule

Step

Number Notes

Step

Time

Duration

(minutes)

Step

Time

Duration

(hours)

Time

Cumulative

(minutes)

Time

Cumulative

(hours)

Pump

Rate

(GPM

Pump

Rate

(BPM)

Step

Volume

(BBLS)

Volume

Cumulative

(BBLS)

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1 Zero Rate 60 1 60 1 0 0.00 0 0
2 Min Rate 60 1 120 2 21 0.50 30 30
3 60 1 180 3 31.5 0.75 45 75
4 60 1 240 4 42 1.00 60 135
5 60 1 300 5 56 1.33 80 215
6 60 1 360 6 70 1.67 100 315
7 60 1 420 7 84 2.00 120 435
8 60 1 480 8 105 2.50 150 585
9 60 1 540 9 126 3.00 180 765
10 60 1 600 10 168 4.00 240 1005
11 60 1 660 11 210 5.00 300 1305
12 60 1 720 12 252 6.00 360 1665
13 60 1 780 13 294 7.00 420 2085
14 60 1 840 14 336 8.00 480 2565
15 60 1 900 15 378 9.00 540 3105
16 Max Rate 60 1 960 16 420 10.00 600 3705
17 Fall Off 4320 72 5280 88 0.00 0 3705
TOTAL 5100 88 5280 88 3705

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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:

Best Management Practices

No BMP/COA Type

Description

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Operator Comments:

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

Signed: _____ Print Name: Joan Proulx

Title: Regulatory Analyst Email: jproulx@laramie-energy.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:

<u>COA Type</u>	<u>Description</u>

General Comments

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

Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
401979753	WELLBORE DIAGRAM
401979754	OTHER

Total Attach: 2 Files