

**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: <b>401979737</b>			
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 _____		

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\*\* 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 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)

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

**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:

<b><u>Best Management Practices</u></b>	
<b><u>No BMP/COA Type</u></b>	<b><u>Description</u></b>

Operator Comments:

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