

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



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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: 69175 Contact Name Jenifer Hakkarinen  
 Name of Operator: PDC ENERGY INC Phone: (303) 8605800  
 Address: 1775 SHERMAN STREET - STE 3000 Fax: ( )  
 City: DENVER State: CO Zip: 80203 Email: Jenifer.Hakkarinen@pdce.com

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 123 12801 00 OGCC Facility ID Number: 245006  
 Well/Facility Name: SITZMAN Well/Facility Number: 1  
 Location QtrQtr: SENW Section: 4 Township: 5N Range: 64W Meridian: 6  
 County: WELD Field Name: KERSEY  
 Federal, Indian or State Lease Number: 56550

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: \_\_\_\_\_ (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 4

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 \_\_\_\_\_

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 \_\_\_\_\_ Twp \_\_\_\_\_

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	
1980	FNL	1980	FWL
Twp <u>5N</u>	Range <u>64W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
			**
Twp _____	Range _____		
Twp _____	Range _____		
			**
			** 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 12/28/2017 Has Production Equipment been removed from site? No

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT 12/28/2017

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 \_\_\_\_\_

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 type="checkbox"/> Other _____	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

CIBP topped with 2 sxs cement was set down hole at 6790' for the purposes of WBI mitigation for PDC McGlothlin Farms offset frac. Tubing was pulled, plug and casing were pressure tested up to 2000 psi for 15 mins with a positive test and a 5K wellhead was installed all valves at surface are shut. At this time, PDC intends to RTP this well.

**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</u></b>	<b><u>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: Jenifer Hakkarinen

Title: Production Tech Email: Jenifer.Hakkarinen@pdce.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>
	<p>This approval is good for one year and a new application must be made before March 27, 2019(1 year from prior application). Updates for the planned utilization of the well should be included with the application.</p> <p>A Form 5A is required to report all plugs currently downhole which isolate the perforated interval.</p> <p>The Form 7 reporting must reflect the well status dates reported on the Form 4-TA request.</p>

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	<p>Returned to draft.</p> <ul style="list-style-type: none"> <li>• Daily report(as attachment) is required to show that a pressure test was performed and held</li> <li>• Which well pad was this "Safety Shut-In" performed on prior to stimulation</li> <li>• Please provide the pad for which this well was "Safety Shut-in" prior to stimulation</li> </ul> <p>*-Please include a daily field report(daily drilling report, work-over rig log) or other attachment which denotes and qualifies the pressure test.(6/12/2018)</p>	06/11/2018

Total: 1 comment(s)

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files