

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: 10459 Contact Name Jeff Rickard
 Name of Operator: EXTRACTION OIL & GAS INC Phone: (720) 737-5144
 Address: 370 17TH STREET SUITE 5300 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: jrickard@extractionog.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 001 09571 00 OGCC Facility ID Number: 287276
 Well/Facility Name: LEECH Well/Facility Number: 24-26
 Location QtrQtr: SESW Section: 26 Township: 1S Range: 66W Meridian: 6
 County: ADAMS Field Name: WATTENBERG
 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 SESW Sec 26

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	
<u>659</u>	<u>FSL</u>	<u>2026</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>1S</u>	Range <u>66W</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 _____ 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 07/16/2019

REPORT OF WORK DONE Date Work Completed _____

<input type="checkbox"/> Intent to Recomplete (Form 2 also required)	<input checked="" 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:

Based on the draft Notice to Operators dated November 4, 2015, the Commission requests for such authorization include:

- 1) The estimated volume and content of the gas to be flared.
- 2) Hydrogen sulfide gas analysis for the subject well.
- 3) For requests based on lack of available infrastructure, the operator must state:
 - a. Why the well cannot be connected to midstream infrastructure (e.g., remote area with no plans to constructed infrastructure) and an economic justification for this determination.
 - b. When the well(s) will be connected to midstream infrastructure, and why the operator commenced production of the well before midstream infrastructure was available.
- 4) A statement that the operator will comply with rule 805.b.(1).; and,
- 5) A statement that the operator will use and enclosed flare unless and open flare is specifically allowed by CDPHE's Regulation 7, and that any site specific permitting required by CDPHE is complete.

Axis Exploration's Request

Answers to the questions listed above are as follows:

- 1) The estimated volume of gas to be flared is estimated to be 1400MCF/month.
- 2) No Hydrogen Sulfide (H2S) is anticipated. At this time Axis is unable to get a gas analysis until the well is back running but will submit an analysis via Form 4 as soon as technically possible when the well is back on production.
- 3) This well was stranded as part of the Third Creek shutdown and has been shut in. At its current production, it is uneconomical to bring in midstream pipe. Axis requests to flare to produce for the remaining lifetime of the well.
- 4) The operator is intending to flare the associated gas and therefore will comply with the odor provisions of Rule 805.b.(1).
- 5) Axis Exploration intends to use a temporary or permanent enclosed combustion device for encountered gas from the wellhead and ECD's for compliance with storage tank emissions management. All other permitting and compliance provisions for the CDPHE are in process and will be followed as required.

Please contact Jeff Rickard at (720) 737-5144 if you need further information.

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

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: Jeff Rickard _____

Title: Regulatory Compliance _____ Email: jr Rickard@extractionog.com _____ Date: _____
Coo _____

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>

Total Attach: 0 Files