

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: 402051393			
Date Received: 05/21/2019			

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: 10705 Contact Name Cheri Morgan
 Name of Operator: EVERGREEN NATURAL RESOURCES LLC Phone: (719) 846-7898
 Address: 1801 BROADWAY SUITE 350 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: cheri.morgan@enrllc.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 071 09550 00 OGCC Facility ID Number: 295431
 Well/Facility Name: LORAIN Well/Facility Number: 24-27
 Location QtrQtr: SESW Section: 27 Township: 32S Range: 67W Meridian: 6
 County: LAS ANIMAS Field Name: PURGATOIRE RIVER
 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: _____ (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 27

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>446</u>	<u>FSL</u>	<u>1632</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>32S</u>	Range <u>67W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
_____	_____	_____	_____
_____	_____	_____	_____
Twp _____	Range _____		
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 LORAINE Number 24-27 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 05/29/2019

☐ 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 checked="" 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:

Evergreen intends to complete multiple zones in the Raton and Vermejo formations which are considered common supply. New and existing intervals will be perforated, fracture stimulated using 70Q N2 foam, low volumes of guar gel with breakers, and formation water with sand volumes of approximately 250,000 to 450,000 lbs of sand depending upon the number of feet of pay actually completed. If necessary small volumes of low concentration acid will be used to clean up the perforations. After stimulation and cleanup the well will be returned to production utilizing pumps. It is anticipated that the spent stimulation fluids will be recovered during flow back and production operations. Proposed new gross interval is between 741'-2596'. Water wells within ¼, ½, and 1-mile radius, wellhead elevations, water well elevations and exact distance to the well can be found on the attachment.

COGCC - Operator requested to change the top of gross interval to 741'.

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

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: Cheri Morgan
Title: Regulatory Specialist Email: cheri.morgan@enrllc.com Date: 5/21/2019

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

COGCC Approved: SUTPHIN, DIRK Date: 7/22/2019

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description
	Operator shall inform the Las Animas County LGD prior to commencing the planned operations. Include, locations, planned dates, working hours and duration of operations.
	Operator shall inform all Building Unit Owners within 1,500 feet of the Oil and Gas Location, of the planned operations including, date, time and duration of the operations.
	In the event that ground disturbance necessary to conduct operations extends beyond the current stabilized work area, Operator shall implement stormwater controls including engineering and administrative controls, to prevent offsite migration of sediment/comtaminants.
	<p>1. Domestic Water Well Sampling - Prior to recompletion, collect baseline groundwater samples from two water wells within ½-mile radius of the oil/gas well to be re-completed. Comply with COGCC Rule 608.b. (1 - 5) requirements regarding sample locations, analyses, dissolved methane, post completion sample frequency and reporting. Include tert-Butyl Alcohol (TBA) with the other required analytes with a reporting limit <5µg/l. Use Form 43 - Sample Submittal Form to upload all laboratory analytical data.</p> <p>2. Collect a flowback sample and analyze for the constituents listed in Table 7-1 of the COGCC Model Sampling And Analysis Plan (Version 1, 5/1/13). In addition to BTEX, analyze the sample for a full list of Volatile Organic Constituents (VOCs) by EPA Method 8260B and Semi-Volatile Organic Constituents by EPA Method 8270. Include TBA in the analyte list for VOCs with a reporting limit <5µg/l. After completion, the sample shall be collected within 48-hours of initial flowback. Use Form 43 - Sample Submittal Form to upload all laboratory analytical data within three months after collection of the samples.</p> <p>3. All flowback shall be placed in tanks or properly permitted and lined pits. No flowback shall be discharged to unlined pits.</p>

General Comments

User Group	Comment	Comment Date
Engineer	Elevation of shallowest proposed perforation: 7699-741=6958. Bottom hole elevation of WWs: 1/4 mi: None, 1/2 mi: 7551-75=7476, 1 mi:7652-612=7040.	06/05/2019
Engineer	The Sundry says the proposed new gross interval is 1488'-2596' but the spreadsheet has top perf as 741', which is the fm top for Raton Coal. Surface casing is 731'. Asked operator to confirm the proposed top of gross interval. Operator answered they want the top of gross interval to be 741'.	06/05/2019

Total: 2 comment(s)

Attachment Check List

Att Doc Num	Name
402051393	SUNDRY NOTICE APPROVED-INT
402051407	OTHER
402117860	FORM 4 SUBMITTED

Total Attach: 3 Files