

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: 402126174			
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: 8960 Contact Name Kate Miller
 Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY LLC Phone: (720) 4406116
 Address: 410 17TH STREET SUITE #1400 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: regulatory@bonanzacr.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 33726 00 OGCC Facility ID Number: 423790
 Well/Facility Name: Antelope Well/Facility Number: 42-17
 Location QtrQtr: NENE Section: 17 Township: 5N Range: 62W Meridian: 6
 County: WELD Field Name: WATTENBERG
 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:

690	FNL	660	FEL

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

Current **Surface** Location **From** QtrQtr NENE Sec 17
 New **Surface** Location **To** QtrQtr _____ Sec _____

Twp 5N Range 62W Meridian 6
 Twp _____ Range _____ Meridian _____

Change of **Top of Productive Zone Footage From** Exterior Section Lines:

1983	FNL	690	FEL

Change of **Top of Productive Zone Footage To** Exterior Section Lines:

Current **Top of Productive Zone** Location **From** Sec 17
 New **Top of Productive Zone** Location **To** Sec _____

Twp 5N Range 62W
 Twp _____ Range _____

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

1983	FNL	690	FEL

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

Current **Bottomhole** Location Sec 17 Twp 5N Range 62W
 New **Bottomhole** Location Sec _____ Twp _____ Range _____

** attach deviated drilling plan

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 _____

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 07/15/2019 Has Production Equipment been removed from site? No

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT 07/15/2019

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:

Bonanza Creek respectfully requests continued TA status. The Antelope 42-17 was plugged back with CIBP @ 6411' with 2 sacks of cement on 7/15/2019. Form 5A to report TA status of Nio/Codell was submitted 8/5/2019 (Doc # 402114833); the well was SI and plugged back due to offset HZ frac of Bonanza Creek's Antelope O-20 Pad. The well is closed to the atmosphere via valve locked out and tagged out at the master valve, and the a "Temporary SI for HZ prep" sign is attached to the master valve. Pressure was tested on 7/15/2019, pressure held to 1000 psi and held for 10 minutes (Operations Summary attached to sundry). Bonanza Creek has this well on their future 2020 P&A Schedule, therefore are requesting continued TA status until such time as this well is P&A'd an annual TA sundry notice will be submitted in 3rd quarter 2020 to update the COGCC on the status of P&A plan.

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:

This form is being submitted to fulfill the initial 6 Month Form 4 Continued TA status request.

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

Signed: _____ Print Name: Aubrey Noonan
Title: Regulatory Analyst Email: regulatory@bonanzacrk.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:

COA Type

Description

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

402126179	OPERATIONS SUMMARY
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Total Attach: 1 Files