

**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: <u>402176190</u>			
Date Received: <u>12/02/2019</u>			

## 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: 76199		Contact Name	Carlos Sandoval		Complete the Attachment Checklist	OP	OGCC	
Name of Operator: SANDOVAL LAND & CATTLE CO INC		Phone:	(719) 8466698					
Address: 7801 COUNTY RD 85.5		Fax:	( )					
City: TRINCHERA	State: CO	Zip: 81081	Email: none@given.com					
API Number : 05- 071 06054 00					OGCC Facility ID Number:	217278		
Well/Facility Name: SANDOVAL					Well/Facility Number:	5		
Location	QtrQtr: SWSW	Section: 3	Township: 34S	Range: 62W	Meridian: 6	Survey Plat		
County: LAS ANIMAS						Field Name:	GARCIA	
Federal, Indian or State Lease Number:						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 **SWSW** Sec **3**

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			
660	FSL	660	FWL		
Twp	34S	Range	62W	Meridian	6
TwP		Range		Meridian	
					**
TwP		Range			
TwP		Range			
Range		** attach deviated drilling plan			
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 SANDOVAL Number 5 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 \_\_\_\_\_

☒ REPORT OF WORK DONE                      Date Work Completed      09/13/2019

- |  |   |  |
|--|---|--|
| <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>Dom. well report</u>    | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases          |  |

**COMMENTS:**Name of Person Completing Report (Print) Carlos R. Sandoval

(Signature) - sign document when submitting

Date Completed 10- -2019Contact Information 7801 Co. Rd 85.5

Street \_\_\_\_\_

City TrincheraState CO Zip 81081Phone (719)846-6698 Emergency Contact Phone \_\_\_\_\_

Email \_\_\_\_\_

- 1) Are you the registered owner/operator of the well? Yes X No \_\_\_\_  
2) Is there a Designated Agent reporting on your behalf? Yes \_\_\_\_ No X  
3) Are you clearly aware of your liabilities regarding this well under COGCC Rules?  
Yes X No \_\_\_\_  
4) Are you currently using the gas from this well? Yes X No \_\_\_\_  
5) How many homes, buildings and/or tenants use gas from this well? 2  
6) If the well is not producing gas, when was it used last? Home  
7) What is the gas used for (home, outbuildings, irrigation engine, etc.)? home and building  
8) If in current use, does well adequately provide gas for intended use or must it be allowed to build pressure/volume between uses?  
yes

9) If well must be allowed buildup time, approximately how long is that period? N/A

10) Is the gas dry or must liquids be removed? How often?

Dry X Liquids Removed \_\_\_\_\_

11) If liquids are removed from gas, approximately how much fluid does that amount to and what is done with that liquid (hauled off, allowed to evaporate....)? Is the liquid stored in a tank or an earthen pit?

Amount (estimate) \_\_\_\_\_ Tank \_\_\_\_\_ Earthen Pit \_\_\_\_\_

12) Have you ever performed any maintenance on the casing or wellbore? What type of maintenance, and when was it performed?

Yes \_\_\_\_ No X Date Maintenance Performed \_\_\_\_\_

Maintenance \_\_\_\_\_

13) Are you aware of any current well casing, wellhead, or equipment leaks associated with the well? Yes \_\_\_\_ No X14) Has any bubbling, stained soil, or stressed vegetation been observed near the domestic gas well? Yes \_\_\_\_ No X

15) Is a domestic water well, stream or irrigation ditch/canal located within 1/2 mile of the domestic gas well? How far away? Has any bubbling or have any unusual odors been observed in water from the domestic water well?

Near Water Well/Stream/Irrigation Ditch/Canal Yes \_\_\_\_ No X

Approximate Distance to Water Well \_\_\_\_\_

Bubbling/Odors Yes \_\_\_\_ No X16) Is the well currently accessible by vehicle (passable roads, locked gates)? Yes X No \_\_\_\_17) Does the current signage for the well meet the requirements of Rule 210? Yes X No \_\_\_\_a. Operator name Yes X No \_\_\_\_b. Phone number where operator can be reached 24/7 Yes X No \_\_\_\_c. Phone number for local emergency services Yes X No \_\_\_\_d. Well's legal location including quarter quarter section Yes X No \_\_\_\_**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**

<u>No</u>		<u>BMP/COA Type</u>	<u>Description</u>

**Operator Comments:**

18) Provide these details to register the domestic tap associated with this well

- a. Operator Information (contact info) \_\_\_\_\_
- b. Domestic Tap Well location ID or API (API # top of Sundry) \_\_\_\_\_
- c. Domestic Tap Facility Information:
- Installation/Discovery Date (original well date) \_\_\_\_\_
  - Well-side tap(s) Latitude/Longitude (starting point of tap (wellhead))
    - o Latitude \_\_\_\_\_
    - o Longitude \_\_\_\_\_
  - Street address(es) or Lat/Long of the Point(s) of Delivery \_\_\_\_\_

19) Is there an odorant supplied for the methane? Yes\_\_\_ No\_\_\_

20) Is there a methane detector in the building supplied by the tap? Yes\_\_\_ No\_\_\_

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

Signed: \_\_\_\_\_ Print Name: Carlos Sandoval

Title: owner Email: none@given.com Date: 12/2/2019

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

COGCC Approved: Nguyen, Angela Date: 12/2/2019

**CONDITIONS OF APPROVAL, IF ANY:****COA Type****Description**

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**General Comments****User Group****Comment****Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)

**Attachment Check List****Att Doc Num****Name**

402176190	SUNDRY NOTICE APPROVED-OTHER
402251145	FORM 4 SUBMITTED

Total Attach: 2 Files