

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>402252512</u>			
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: 10456 Contact Name Anna Jones
 Name of Operator: CAERUS PICEANCE LLC Phone: (720) 547-8755
 Address: 1001 17TH STREET #1600 Fax: (303) 565-4606
 City: DENVER State: CO Zip: 80202 Email: ajones@caerusoilandgas.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 103 12373 00 OGCC Facility ID Number: 467504
 Well/Facility Name: Federal Well/Facility Number: 15A-14-496
 Location QtrQtr: NESW Section: 14 Township: 4S Range: 96W Meridian: 6
 County: RIO BLANCO Field Name: GRAND VALLEY
 Federal, Indian or State Lease Number: COC057684

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 39.700741 PDOP Reading 1.4 Date of Measurement 12/04/2019
 Longitude -108.136502 GPS Instrument Operator's Name _____ M.D. _____

LOCATION CHANGE (all measurements in Feet)

Well will be: DIRECTIONAL (Vertical, Directional, Horizontal)

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

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

Current **Surface** Location **From** QtrQtr NESW Sec 14

New **Surface** Location **To** QtrQtr NESW Sec 14

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 14

New **Top of Productive Zone** Location **To** Sec 14

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

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

Current **Bottomhole** Location Sec 14 Twp 4S

New **Bottomhole** Location Sec 14 Twp 4S

Is location in High Density Area? No

Distance, in feet, to nearest building 5280, public road: 5280, above ground utility: 5280, railroad: 5280,
 property line: 659, lease line: 1050, well in same formation: 270

Ground Elevation 7912 feet Surface owner consultation date _____

FNL/FSL		FEL/FWL	
<u>2049</u>	<u>FSL</u>	<u>2266</u>	<u>FWL</u>
<u>1973</u>	<u>FSL</u>	<u>2440</u>	<u>FWL</u>
Twp <u>4S</u>	Range <u>96W</u>	Meridian <u>6</u>	
Twp <u>4S</u>	Range <u>96W</u>	Meridian <u>6</u>	
<u>1079</u>	<u>FSL</u>	<u>1353</u>	<u>FWL</u>
<u>1077</u>	<u>FSL</u>	<u>1319</u>	<u>FWL</u> **
Twp <u>4S</u>	Range <u>96W</u>		
Twp <u>4S</u>	Range <u>96W</u>		
<u>1050</u>	<u>FSL</u>	<u>1271</u>	<u>FWL</u>
<u>1050</u>	<u>FSL</u>	<u>1271</u>	<u>FWL</u> **

** 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 01/31/2020

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 checked="" 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:

Attached find the revised surface location plat with name change, revised directional plot and plan, and revised casing and cement design. The revised TD is 12,166'.

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
Conductor Casing	30				20				54#	0	100	218	100	0
Surface String	14	3		4	9	5		8	36#	0	3000	994	3000	0
First String	8	3		4	4	1		2	11.6#	0	12166	1555	12166	3000

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:

<u>Best Management Practices</u>	
<u>No BMP/COA Type</u>	<u>Description</u>

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: Anna Jones

Title: Ops Regulatory Tech Email: ajones@caerusoilandgas.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>

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>
402257791	DIRECTIONAL DATA
402257792	DIRECTIONAL SURVEY
402260027	WELL LOCATION PLAT

Total Attach: 3 Files