

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: 402267746			
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: 10651 Contact Name Heather Mitchell
 Name of Operator: VERDAD RESOURCES LLC Phone: (720) 845-6917
 Address: 5950 CEDAR SPRINGS ROAD Fax: ()
 City: DALLAS State: TX Zip: 75235 Email: regulatory@verdadoil.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 50670 00 OGCC Facility ID Number: 470223
 Well/Facility Name: Safi Well/Facility Number: 1224-02H
 Location QtrQtr: NWSE Section: 12 Township: 1N Range: 65W Meridian: 6
 County: WELD 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 40.064786 PDOP Reading 1.2 Date of Measurement 03/25/2019
 Longitude -104.610733 GPS Instrument Operator's Name Brent Garcia

LOCATION CHANGE (all measurements in Feet)

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

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

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

Current **Surface** Location **From** QtrQtr NWSE Sec 12

New **Surface** Location **To** QtrQtr NWSE Sec 12

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 13

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 24 Twp 1N

New **Bottomhole** Location Sec _____ Twp _____

Is location in High Density Area? No

Distance, in feet, to nearest building 1943, public road: 1948, above ground utility: 765, railroad: 5280,
 property line: 393, lease line: 0, well in same formation: 860

Ground Elevation 4970 feet Surface owner consultation date 12/19/2019

FNL/FSL		FEL/FWL	
<u>2215</u>	<u>FSL</u>	<u>2235</u>	<u>FEL</u>
<u>2215</u>	<u>FSL</u>	<u>2251</u>	<u>FEL</u>
Twp <u>1N</u>	Range <u>65W</u>	Meridian <u>6</u>	
Twp <u>1N</u>	Range <u>65W</u>	Meridian <u>6</u>	
<u>0</u>	<u>FNL</u>	<u>465</u>	<u>FWL</u>
			**
Twp <u>1N</u>	Range <u>65W</u>		
Twp _____	Range _____		
<u>460</u>	<u>FSL</u>	<u>462</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 01/06/2020

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:

Surface hole moved and changed the measured depth, casing depths and cement on the production string.

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	24				16				65	0	80	70	80	0
Surface String	13	1		2	9	5		8	36	0	1700	462	1700	0
First String	8	1		2	5	1		2	20	0	18262	2276	18262	0

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:

Reducing well count to 7 wells and shifted surface hole locations. We have modified the surface hole location and the casing plans. The cultural distances, lease line and distances from well in the nearest formation have also been updated. Verdad is the surface owner. This well is measured from the Safi 1224-04H.

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

Signed: _____ Print Name: Heather Mitchell
Title: Regulatory Manager Email: regulatory@verdadoil.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>
402267827	WELL LOCATION PLAT
402267830	DIRECTIONAL SURVEY
402267848	DIRECTIONAL DATA

Total Attach: 3 Files