

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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DE	ET	OE	ES
Document Number: 402282546			
Date Received: 01/10/2020			

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: 10454 Contact Name Devin Brown
 Name of Operator: PETROSHARE CORPORATION Phone: (303) 500-1160
 Address: 9635 MAROON CIRCLE #400 Fax: ()
 City: ENGLEWOOD State: CO Zip: 80112 Email: dbrown@petrosharecorp.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 23527 00 OGCC Facility ID Number: 282644
 Well/Facility Name: KISSLER Well/Facility Number: 2
 Location QtrQtr: NWNW Section: 21 Township: 4N Range: 66W Meridian: 6
 County: WELD Field Name: WATTENBERG
 Federal, Indian or State Lease Number: FEE

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 _____ 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 NWNW Sec 21

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>465</u>	<u>FNL</u>	<u>660</u>	<u>FWL</u>
_____	_____	_____	_____
Twp <u>4N</u>	Range <u>66W</u>	Meridian <u>6</u>	
Twp _____	Range _____	Meridian _____	
_____	_____	_____	_____
_____	_____	_____	_____
Twp _____	Range _____		
Twp _____	Range _____		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**

**

** 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 01/29/2020

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 type="checkbox"/> Change Drilling Plan	<input checked="" 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:

Bradenhead test as reported on Form 17 Doc ID 402282508 shows 320 psi pressure and continuous gas flow at surface. Surface casing is set at 403 ft. The plan for repairing the well is to first pressure test the production casing. If it does not test, a retrievable packer on tubing will be used to isolate the leak. The leak will be squeezed with cement, drilled out, and casing pressure tested again. Bradenhead will also be retested after a successful squeeze. If the production casing does pass the initial pressure test, the production casing will be perforated and a cement squeeze performed to provide required isolation. Casing will be drilled out, pressure tested and bradenhead tested for flow. Additional squeeze work will be performed across aquifers as directed by COGCC.

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:

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

Operator Comments:

[Empty box for 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: Devin Brown
Title: Production Manager Email: dbrown@petrosharecorp.com Date: 1/10/2020

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

COGCC Approved: McFarland, Nick Date: 1/30/2020

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>
	This well has demonstrated a lack mechanical integrity. The well must be repaired or plugged and abandoned by 7/7/2020.
	1) There must be a minimum of 200' coverage below the Shannon base, and 200' coverage above the Sussex top. If existing coverage is insufficient, additional cement will need to be placed. 2) After cement has been placed, production casing must be successfully pressure tested to at least 640 psi for a minimum of 15 minutes. Submit the pressure chart with form 5. 3) All work must be documented on a form 5 and verified by a CBL. Form 5 is due within 30 days of work being completed. 4) Production and bradenhead samples must be submitted to the COGCC with a form 43. Operator indicated on form 17, doc # 402282508, that a bradenhead sample has already been collected. 5) Within 30 days of completing well repairs a bradenhead test must be performed and a form 17 submitted within 10 days of testing. If pressure remains or fluids flow additional remedial work may need to be performed.

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>
402282546	SUNDRY NOTICE APPROVED-REPAIR
402299743	FORM 4 SUBMITTED

Total Attach: 2 Files