

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



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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: 11060 Contact Name William Broyles
 Name of Operator: PROWERS ENT LLC Phone: (719) 3368701
 Address: P O BOX 7 Fax: ()
 City: LAMAR State: CO Zip: 81052 Email: pe@cminet.net

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 011 06089 00 OGCC Facility ID Number: 206342
 Well/Facility Name: BROYLES Well/Facility Number: C-1
 Location QtrQtr: SESW Section: 5 Township: 23S Range: 48W Meridian: 6
 County: BENT Field Name: WAGON TRAIL
 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 _____ GPS Quality Value: _____ Type of GPS Quality Value: _____ Measurement Date: _____
 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:

FNL/FSL		FEL/FWL	
560	FSL	1980	FWL

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

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Current **Surface** Location **From** QtrQtr SESW Sec 5

Twp <u>23S</u>	Range <u>48W</u>	Meridian <u>6</u>
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New **Surface** Location **To** QtrQtr _____ Sec _____

Twp _____	Range _____	Meridian _____
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Change of **Top of Productive Zone** Footage **From** Exterior Section Lines:

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

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Current **Top of Productive Zone** Location **From** Sec _____

Twp _____	Range _____
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New **Top of Productive Zone** Location **To** Sec _____

Twp _____	Range _____
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Change of **Bottomhole** Footage **From** Exterior Section Lines:

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

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Current **Bottomhole** Location Sec _____ Twp _____

Range _____	** attach deviated drilling plan
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New **Bottomhole** Location Sec _____ Twp _____

Range _____

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 _____ 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) William O. Broyles
 (Signature) - sign document when submitting
 Date Completed 10/15/2019

Contact Information William O. Broyles

Street 8 Forrest Street, P.O. Box 7
 City Lamar

State CO Zip 81052
 Phone (719)336-8701 Emergency Contact Phone _____
 Email pe@cminet.net

- 1) Are you the registered owner/operator of the well? Yes No
 - 2) Is there a Designated Agent reporting on your behalf? Yes No
 - 3) Are you clearly aware of your liabilities regarding this well under COGCC Rules?
 Yes No
 - 4) Are you currently using the gas from this well? Yes No
 - 5) How many homes, buildings and/or tenants use gas from this well?
 - 6) If the well is not producing gas, when was it used last?
 - 7) What is the gas used for (home, outbuildings, irrigation engine, etc.)?
 - 8) If in current use, does well adequately provide gas for intended use or must it be allowed to build pressure/volume between uses?
 - 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 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 Date Maintenance Performed
 Maintenance
 - 13) Are you aware of any current well casing, wellhead, or equipment leaks associated with the well? Yes No
 - 14) Has any bubbling, stained soil, or stressed vegetation been observed near the domestic gas well? Yes No
 - 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
 Approximate Distance to Water Well 800
 Bubbling/Odors Yes No
 - 16) Is the well currently accessible by vehicle (passable roads, locked gates)? Yes No
 - 17) Does the current signage for the well meet the requirements of Rule 210? Yes No
- a. Operator name Yes No
 - b. Phone number where operator can be reached 24/7 Yes No
 - c. Phone number for local emergency services Yes No
 - d. Well's legal location including quarter quarter section Yes 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:

<u>Best Management Practices</u>	
<u>No 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: William Broyles

Title: owner Email: pe@cminet.net 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>

Total Attach: 0 Files