

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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Document Number: 402176233			
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: 10149 Contact Name Mark Mazza

Name of Operator: DEINES* JON E DBA DEINES MAZZA PARTNERSHIP Phone: (970) 5327146

Address: 901 N COUNTY RD 21 Fax: ()

City: BERTHOUD State: CO Zip: 80513 Email: WATERFARMER77@GMAIL.COM

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 069 06105 00 OGCC Facility ID Number: 216918

Well/Facility Name: FAGGAN FARMS Well/Facility Number: 1

Location QtrQtr: NESE Section: 17 Township: 4N Range: 69W Meridian: 6

County: LARIMER Field Name: BERTHOUD

Federal, Indian or State Lease Number:

Survey Plat		
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 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:

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

Current **Surface** Location **From** QtrQtr NESE Sec 17

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	
1646	FSL	333	FEL
Twp <u>4N</u>	Range <u>69W</u>	Meridian <u>6</u>	
Twp <u></u>	Range <u></u>	Meridian <u></u>	
			**
Twp <u></u>	Range <u></u>		
Twp <u></u>	Range <u></u>		
			**

** 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 FAGGAN FARMS Number 1 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) _____ Mark Mazza _____
 (Signature) - sign document when submitting
 Date Completed _____

Contact Information _____

Street _____ 1891 Rd 63 _____
 City _____ Potter _____

State _____ NE _____ Zip _____ 69156 _____
 Phone _____ 970-566-0352 _____ Emergency Contact Phone _____
 Email _____ WATER_FARMER77@GMAIL.COM _____

- 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? _____ 2017 _____
- 7) What is the gas used for (home, outbuildings, irrigation engine, etc.)? -
 Home _____
- 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? _____
- 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 _____ 1/4 mile _____
 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:

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) _____ Mark Mazza

b. Domestic Tap Well location ID or API (API # top of Sundry) _____ 216418

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: Mark Mazza

Title: owner

Email: WATERFARMER77@GMAIL.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:**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**

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Total Attach: 0 Files