

**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: <b>402358611</b>			
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: 10433 Contact Name Joan Proulx  
 Name of Operator: LARAMIE ENERGY LLC Phone: (970) 263-3641  
 Address: 1401 SEVENTEENTH STREET #1401 Fax: ( )  
 City: DENVER State: CO Zip: 80202 Email: jproulx@laramie-energy.com

Complete the Attachment  
Checklist  
  
OP OGCC

API Number : 05- 077 09693 00 OGCC Facility ID Number: 297455  
 Well/Facility Name: HAWKINS RANCH Well/Facility Number: 10-4B  
 Location QtrQtr: NWNW Section: 10 Township: 10S Range: 94W Meridian: 6  
 County: MESA Field Name: PLATEAU  
 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:

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

Current <b>Surface</b> Location <b>From</b>	QtrQtr <u>NWNW</u>	Sec <u>10</u>	Twp <u>10S</u>	Range <u>94W</u>	Meridian <u>6</u>
New <b>Surface</b> Location <b>To</b>	QtrQtr _____	Sec _____	Twp _____	Range _____	Meridian _____

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

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

Current <b>Top of Productive Zone</b> Location <b>From</b>	Sec <u>10</u>	Twp <u>10S</u>	Range <u>94W</u>
New <b>Top of Productive Zone</b> Location <b>To</b>	Sec _____	Twp _____	Range _____

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

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

Current <b>Bottomhole</b> Location	Sec <u>10</u>	Twp <u>10S</u>	Range <u>94W</u>	** attach deviated drilling plan
New <b>Bottomhole</b> 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 \_\_\_\_\_

<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 type="checkbox"/> Other _____	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

**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: 13.6 in ppm (parts per million)

Date of Measurement or Sample Collection 03/23/2020

Description of Sample Point:

Wellhead

Absolute Open Flow Potential 30300 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.):

Well is not open to the atmosphere. Separator and/or wellhead would be open for minimal periods of time for servicing operations only.

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: 2031 FEET

Distance to nearest Federal, State, County, or municipal road or highway owned and principally maintained for public use: 1147 FEET

**COMMENTS:**

The Hawkins Ranch 10-4B well had an H2S reading of 20 ppm on 3/20/2020. Attached is the original field sample document, as well as the subsequent analytical report.

**Best Management Practices**

**No BMP/COA Type**

**Description**

No BMP/COA Type	Description

**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: Joan Proulx  
Title: Regulatory Analyst Email: jproulx@laramie-energy.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**

COA Type	Description

**General Comments**

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

**Attachment Check List**

**Att Doc Num**

**Name**

402358612	GAS ANALYSIS REPORT
402358613	GAS ANALYSIS REPORT

Total Attach: 2 Files