

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: <u>402349997</u>			
Date Received: <u>03/31/2020</u>			

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: 17320 Contact Name Julie Branting
 Name of Operator: CITY & COUNTY OF DENVER Phone: (303) 638-7484
 Address: 8500 PENA BLVD CONCOUR A #4385 Fax: ()
 City: DENVER State: CO Zip: 80249 Email: petropro@comcast.net

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 001 06799 00 OGCC Facility ID Number: 269030
 Well/Facility Name: WINN Well/Facility Number: 1
 Location QtrQtr: NESW Section: 6 Township: 2S Range: 65W Meridian: 6
 County: ADAMS Field Name: THIRD CREEK
 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	
<input type="text" value="1650"/>	<input type="text" value="FSL"/>	<input type="text" value="1650"/>	<input type="text" value="FWL"/>

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Current **Surface** Location **From** QtrQtr Sec

Twp Range Meridian

New **Surface** Location **To** QtrQtr Sec

Twp Range Meridian

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Change of **Top of Productive Zone** Footage **To** Exterior Section Lines:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	**
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Current **Top of Productive Zone** Location **From** Sec

Twp Range

New **Top of Productive Zone** Location **To** Sec

Twp Range

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Change of **Bottomhole** Footage **To** Exterior Section Lines:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	**
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Current **Bottomhole** Location Sec Twp Range

** attach deviated drilling plan

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 06/01/2018 Has Production Equipment been removed from site? No

Mechanical Integrity Test (MIT) required if shut in longer than 2 years. Date of last MIT 12/09/2019

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 checked="" type="checkbox"/> Other <u>MIT-alt</u>	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

COMMENTS:

The City & County of Denver requests consideration that this well demonstrates mechanical integrity for the following reasons and that these tests are considered acceptable and the Director approves this demonstration of mechanical integrity as allowed by Rule 326.

The City believes this well actively demonstrates Mechanical Integrity because on December 9, 2019 a bradenhead test was run (Doc # 402273298) showing no bradenhead pressure and tubing/casing pressure of 430/430 psi. As of 3-15-2020 the bradenhead pressure is still 0 and the tubing casing pressure is 420/420 psi. Once a well does not have integrity, the old drilling mud seeps into the wellbore and kills the well. Since the well has kept pressure, it has proven mechanical integrity. The City would monitor the pressure each month until the well starts production to ensure integrity.

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:

See attachment regarding MIT equivalent test.

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

Signed: _____ Print Name: Julie Branting
 Title: Agent Email: petropro@comcast.net Date: 3/31/2020

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

COGCC Approved: Jacobson, Eric Date: 4/9/2020

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

If well is not producing by December 9, 2021, an official MIT will need to be done.

General Comments**User Group****Comment****Comment Date**

Permit	Assigned form to area engineer	04/02/2020
Permit	Returned to DRAFT for rewording so that submission is request for equivalent test approval and does not reference variance request. Equivalent test is allowed for in rule, variance is not required.	03/30/2020

Total: 2 comment(s)

Attachment Check List**Att Doc Num****Name**

402349997	SUNDRY NOTICE APPROVED-OTHER-DOC
402349998	PRESSURE TEST
402358554	CORRESPONDENCE
402367206	FORM 4 SUBMITTED

Total Attach: 4 Files