

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: 402376862			
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: 10456 Contact Name Bradley Lawler
 Name of Operator: CAERUS PICEANCE LLC Phone: (720) 8806331
 Address: 1001 17TH STREET #1600 Fax: (303) 5654606
 City: DENVER State: CO Zip: 80202 Email: blawler@caerusoilandgas.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 045 23050 00 OGCC Facility ID Number: 444537
 Well/Facility Name: Battlement Mesa Well/Facility Number: 42C-27-795
 Location QtrQtr: NWSW Section: 26 Township: 7S Range: 95W Meridian: 6
 County: GARFIELD Field Name: PARACHUTE
 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)

		FNL/FSL		FEL/FWL	
Change of Surface Footage From Exterior Section Lines:		1824	FSL	1024	FWL
Change of Surface Footage To Exterior Section Lines:					
Current Surface Location From QtrQtr <u>NWSW</u> Sec <u>26</u>	Twp <u>7S</u>	Range <u>95W</u>	Meridian <u>6</u>		
New Surface Location To QtrQtr _____ Sec _____	Twp _____	Range _____	Meridian _____		
Change of Top of Productive Zone Footage From Exterior Section Lines:		2175	FNL	714	FEL
Change of Top of Productive Zone Footage To Exterior Section Lines:					**
Current Top of Productive Zone Location From Sec <u>27</u>	Twp <u>7S</u>	Range <u>95W</u>			
New Top of Productive Zone Location To Sec _____	Twp _____	Range _____			
Change of Bottomhole Footage From Exterior Section Lines:		2175	FNL	714	FEL
Change of Bottomhole Footage To Exterior Section Lines:					**
Current Bottomhole Location Sec <u>27</u> Twp <u>7S</u> Range <u>95W</u>					** 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 _____ 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: _____ 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	
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: Bradley Lawler
Title: Regulatory Tech Email: blawler@caerusoilandgas.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

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files