

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:
402422486

Date Received:
06/15/2020

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: <u>10456</u> Contact Name <u>Bradley Lawler</u>		Complete the Attachment Checklist <div>OP</div> <div>OGCC</div>	
Name of Operator: <u>CAERUS PICEANCE LLC</u> Phone: <u>(720) 8806331</u>			
Address: <u>1001 17TH STREET #1600</u> Fax: <u>(303) 5654606</u>			
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> Email: <u>blawler@caerusoilandgas.com</u>			
API Number : 05- <u>045</u> <u>07627</u> <u>00</u> OGCC Facility ID Number: <u>258231</u>		Survey Plat	
Well/Facility Name: <u>COUEY</u> Well/Facility Number: <u>32-4(D32NE)</u>		Directional Survey	
Location QtrQtr: <u>NWNW</u> Section: <u>32</u> Township: <u>6S</u> Range: <u>92W</u> Meridian: <u>6</u>		Srfc Eqpmt Diagram	
County: <u>GARFIELD</u> Field Name: <u>MAMM CREEK</u>		Technical Info Page	
Federal, Indian or State Lease Number: _____		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 **NWNW** Sec **32**

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		
692	FNL	422	FWL	
Twp 6S		Range 92W		Meridian 6
Twp		Range		Meridian
				**
Twp		Range		
Twp		Range		
				**
Range		** attach deviated drilling plan		
Range				

** 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 COUEY Number 32-4(D32NE) 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 06/24/2020

☐ 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>Install Sales Line</u> | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases | |

COMMENTS:

We will install a total of 2 check valves per well with the ability to test/verify that the check valve integrity is good. This will tie into the flowline/ sales line. Below is the description of the equipment configuration and the proper pressure regulation with check valves. We will be using a Fisher Little Joe for pressure regulation this is quality regulator. We will have it setup so we can monitor the check valves to ensure good integrity and also have a backup check valve on this line. This well has automated BH pressure monitoring as well already installed. We had one spike when Enterprise was down but that doesn't happen very often.

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:

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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: 6/15/2020

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

COGCC Approved: Katz, Aaron Date: 6/16/2020

CONDITIONS OF APPROVAL, IF ANY:

COA Type	Description
	<p>1)Operator shall comply with the Notice to Operators Drilling Wells in the Buzzard, Mamm Creek, and Rulison fields, Garfield County and Mesa County – Procedures and Submittal Requirements for Compliance with COGCC Order Nos. 1-107, 139-56, 191-22, and 369-2 (“Bradenhead NTO”), dated July 8, 2010.</p> <p>2)At least once a year shut in bradenhead for 7 days and perform a bradenhead test if pressure builds to 150 psi. Report results on operator’s annual spreadsheet and on a Form 17 if bradenhead test was performed, as specified in the Bradenhead NTO.</p> <p>3)Comply with any CDPHE, Air Pollution Control Division rules or requirements for all atmospheric discharges.</p> <p>4)Any liquids blown down are to be collected, stored, handled, and treated or disposed as E&P waste per COGCC’s 900 series rules.</p> <p>5)At least one check valve is required for annular spaces that are tied to sales. Maintain equipment for pressure regulation and check valves in good working order.</p>

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num	Name
402422486	SUNDRY NOTICE APPROVED-OTHER
402422496	OTHER
402424038	FORM 4 SUBMITTED

Total Attach: 3 Files