

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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|--------------------------------------|----|----|----|
| DE | ET | OE | ES |
| Document Number: 402302975 | | | |
| Date Received: 02/07/2020 | | | |

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: 10633 Contact Name Lindsey Organ
 Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 7743958
 Address: 1801 CALIFORNIA STREET #2500 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: lindsey.organ@crestonepr.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 23056 00 OGCC Facility ID Number: 278554
 Well/Facility Name: COSTIGAN Well/Facility Number: 24-20
 Location QtrQtr: NWSW Section: 20 Township: 1N Range: 68W Meridian: 6
 County: WELD Field Name: WATTENBERG
 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: PDOP 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 | |
|-------------|------------|-------------|------------|
| <u>1587</u> | <u>FSL</u> | <u>1002</u> | <u>FWL</u> |
| | | | |

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

Current **Surface** Location **From** QtrQtr NWSW Sec 20 Twp 1N Range 68W Meridian 6
 New **Surface** Location **To** QtrQtr _____ Sec _____ Twp _____ Range _____ Meridian _____

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

| | | | |
|------------|------------|-------------|------------|
| <u>659</u> | <u>FNL</u> | <u>1975</u> | <u>FWL</u> |
| | | | |

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

Current **Top of Productive Zone** Location **From** Sec 20 Twp 1N Range 68W

New **Top of Productive Zone** Location **To** Sec _____ Twp _____ Range _____

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

| | | | |
|------------|------------|-------------|------------|
| <u>659</u> | <u>FSL</u> | <u>1975</u> | <u>FWL</u> |
| | | | |

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

Current **Bottomhole** Location Sec 20 Twp 1N Range 67W ** 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 02/10/2020

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>Bradenhead Mitigation</u> | <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases | |

COMMENTS:

As a result of the Form 17 bradenhead test (Document ID: 836bb6f6-f494-44c5-8e9d-08190b0fe024), Crestone Peak has added this well to our bradenhead blowdown schedule. The well will be blown down weekly to 0 psi through either our portable combustor trailer or blowdown trailer, then shut in. During the blow down and build up cycles, the pressure and rate will be recorded in such a way as to characterize the well performance for comparison over time. Commencing with the submission of this sundry, Crestone will perform up to six months of blow down and build up cycles. At the conclusion of the six months, Crestone will conduct a new bradenhead test and submit a Form 17 within ten days of the test. Crestone will submit a Form 4 Sundry that summarizes current well condition within 60 days of the bradenhead test.

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:

[Empty box for 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: Lindsey Organ
Title: Regulatory Coordinator Email: lindsey.organ@crestonepr.com Date: 2/7/2020

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: 7/7/2020

CONDITIONS OF APPROVAL, IF ANY:

| <u>COA Type</u> | <u>Description</u> |
|-----------------|--|
| | <p>1. Operator shall implement measures to control venting, to protect health and safety, and to ensure that vapors and odors from well operations do not constitute a nuisance or hazard to public welfare.</p> <p>2. Prior to starting bradenhead mitigation, if a sample has not been collected within the last twelve months collect bradenhead and production gas samples for laboratory analysis. Sampling shall comply with Operator Guidance - Bradenhead Testing and Reporting Instructions, Appendix A: Liquid and Gas Sampling. Copies of all final laboratory analytical results shall be provided to the COGCC within three months of collecting the samples.</p> <p>3. Operator shall implement measures to get an initial estimate of the gas flow rate and/or volume from the bradenhead. During the shut-in period record pressure data to adequately characterize the build-up. This mitigation plan may be used for six consecutive months from the planned start date reported on the Form 4. (08/10/2020)</p> <p>4. At the conclusion of the six months, conduct a new bradenhead test and submit the Form 17 within ten days of the test and submit a Form 4 Sundry that summarizes current well condition. The sundry should include details of the future plans and the flow rate information and pressure data.</p> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|--|---------------------|
| Engineer | Bradenhead test date 12/12/2019 had 91 psig and blew down to 0 psig during the test. Annual bradenhead test submittal. | 07/07/2020 |

Total: 1 comment(s)

Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|------------------------------|
| 402302975 | SUNDRY NOTICE APPROVED-OTHER |
| 402438382 | FORM 4 SUBMITTED |

Total Attach: 2 Files