

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
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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: 10670 Contact Name Erin Mathews
 Name of Operator: MALLARD EXPLORATION LLC Phone: (720) 543 7951
 Address: 1400 16TH STREET SUITE 300 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: emathews@mallardexploration.com

Complete the Attachment
Checklist

OP OGCC

API Number : 05- 123 49654 00 OGCC Facility ID Number: 461815
 Well/Facility Name: CB Well/Facility Number: 2
 Location QtrQtr: NWSW Section: 32 Township: 9N Range: 60W Meridian: 6
 County: WELD Field Name: WILDCAT
 Federal, Indian or State Lease Number: _____

Survey Plat		
Directional Survey		
Srvc 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:

2531	FSL	631	FWL

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

Current **Surface** Location **From** QtrQtr NWSW Sec 32
 New **Surface** Location **To** QtrQtr Sec

Twp 9N Range 60W Meridian 6
 Twp Range Meridian

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

1661	FNL	301	FWL

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

Current **Top of Productive Zone** Location **From** Sec 32
 New **Top of Productive Zone** Location **To** Sec

Twp 9N Range 60W
 Twp Range

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

1660	FNL	300	FEL

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

Current **Bottomhole** Location Sec 32 Twp 9N
 New **Bottomhole** Location Sec Twp

Range 60W ** attach deviated drilling plan
 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 _____

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 CB Number 2 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 05-123-49654-00 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: 461821

☐ 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 _____

☐ 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

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:

This sundry is part of a plan to reconfigure and consolidate locations across Sections 32 and 33.

The CB 2 (API: 05-123-49654), CB 3 (API: 05-123-49659), CB 4 (API: 05-123-49660), CB 5 (API: 05-123-49653), CB 6 (API: 05-123-49652), and CB 7 (API: 05-123-49656) are being abandoned from this location, along with the Golden Cascade Pad (Loc ID 463726) and its associated Golden Cascade 33-1HC (API: 05-123-50064), Golden Cascade 33-2HN (API: 05-123-50058), Golden Cascade 33-3HN (API: 05-123-50061), Golden Cascade 33-4HC (API: 05-123-50053), Golden Cascade 33-5HN (API: 05-123-50056), Golden Cascade 33-6HN (API: 05-123-50052), Golden Cascade 33-7HN (API: 05-123-50051), Golden Cascade 33-8HN (API: 05-123-50054), Golden Cascade Fed 33-9HC (API: 05-123-50059), Golden Cascade Fed 33-10HN (API: 05-123-50060), Golden Cascade Fed 33-11HN (API: 05-123-50062), Golden Cascade Fed 33-12HN (API: 05-123-50063), Golden Cascade Fed 33-13HC (API: 05-123-50057), and Golden Cascade Fed 33-14HN (API: 05-123-50055).

The Form 2 for the GC Fed 1 (Doc #401847397) currently in process will be withdrawn.

The well formerly known as CB 1 (API: 05-123-49661) will move SHL along with being extended and respaced across Sections 32 and 33 as the Canvasback Fed 32-33-1HC.

The laterals for the Canvasback 32-1HC (API: 05-123-49655) – now Canvasback Fed 32-33-2HN, Canvasback 32-2HN (API: 05-123-49657) – now Canvasback Fed 32-33-3HN, Canvasback 32-3HN (API: 05-123-49651) – now Canvasback Fed 32-33-4HN, Canvasback 32-4HN (API: 05-123-49662) – now Canvasback 32-33-5HN, Canvasback 32-5HN (API: 05-123-49658) – now Canvasback 32-33-6HC, Canvasback 32-6HN (API: 05-123-49649) – now Canvasback 32-33-7HN, and Canvasback 32-7HC (API: 05-123-49650) – now Canvasback 32-33-8HN are being extended and respaced across Sections 32 and 33 with revised names, TPZ, and BHL.

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

Signed: _____ Print Name: Justin Garrett
Title: Regulatory Analyst Email: regulatory@ascentgeomatics.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**

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

		Stamp Upon Approval
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Total: 0 comment(s)

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

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Total Attach: 0 Files