

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>402403717</u>			
Date Received: <u>05/21/2020</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: <u> 10705 </u> Contact Name <u>Tracy Dyke</u>						Complete the Attachment Checklist						
Name of Operator: <u>EVERGREEN NATURAL RESOURCES LLC</u>				Phone: <u>(719) 845-4300</u>								
Address: <u>1875 LAWRENCE ST STE 1150</u>				Fax: <u>()</u>								
City: <u>DENVER</u>		State: <u>CO</u>		Zip: <u>80202</u>		Email: <u>tracy.dyke@enrllc.com</u>		OP OGCC				
API Number : 05- <u>071</u> <u>09443</u> <u>00</u> OGCC Facility ID Number: <u>293789</u>						Survey Plat						
Well/Facility Name: <u>TOP DOG</u>				Well/Facility Number: <u>14-1</u>		Directional Survey						
Location QtrQtr: <u>SWSW</u>		Section: <u>1</u>		Township: <u>32S</u>		Range: <u>67W</u>		Meridian: <u>6</u>		Srfc Eqpmnt Diagram		
County: <u>LAS ANIMAS</u>		Field Name: <u>PURGATOIRE RIVER</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 **SWSW** Sec **1**

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	
966	FSL	510	FWL
Twp 32S	Range 67W	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 TOP DOG Number 14-1 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 07/01/2020

☐ 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 checked="" 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:

Evergreen intends to complete multiple zones in the Raton and Vermejo formations which are considered common supply. New and existing intervals will be perforated, fracture stimulated using 70Q N2 foam, low volumes of guar gel with breakers, and formation water with sand volumes of approximately 250,000 to 450,000 lbs of sand depending upon the number of feet of pay actually completed. If necessary small volumes of low concentration acid will be used to clean up the perforations. After stimulation and cleanup the well will be returned to production utilizing pumps. It is anticipated that the spent stimulation fluids will be recovered during flow back and production operations. Proposed new gross interval is between 1451-3091'. Water wells within ¼, ½, and 1-mile radius, wellhead elevations, water well elevations and exact distance to the well can be found on the attachment.

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:

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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: Tracy Dyke
Title: Production Technician Email: tracy.dyke@enrllc.com Date: 5/21/2020

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

COGCC Approved: Housey, Melissa Date: 7/16/2020

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>
	In the event that ground disturbance necessary to conduct operations extends beyond the current stabilized work area, Operator shall implement stormwater controls including engineering and administrative controls, to prevent offsite migration of sediment/contaminants.
	Operator shall inform all Building Unit Owners within 1,500 feet of the Oil and Gas Location, of the planned operations including, date, time and duration of the operations.
	Operator shall inform the Las Animas County LGD prior to commencing the planned operations. Include, locations, planned dates, working hours and duration of operations.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineer	Bottom hole elevation of WWs: <1/4 mi: None, 1/4-1/2 mi: (7817-7372)+100=545, 1/2-1 mi: (7817-7230)+50=637. Results: No WW's of concern for proposed recomplete.	05/25/2020

Total: 1 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402403717	SUNDRY NOTICE APPROVED-INT
402403734	OTHER
402445485	FORM 4 SUBMITTED

Total Attach: 3 Files