

# 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>402443835</u>			
Date Received: <u>07/20/2020</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: 10542 Contact Name DAN BERBERICK  
Name of Operator: CUB CREEK ENERGY Phone: (303) 918-3098  
Address: 200 PLAZA DRIVE SUITE 100 Fax: ( )  
City: HIGHLANDS RANCH State: CO Zip: 80129 Email: dan.berberick@cub-creek.com

Complete the Attachment  
Checklist

OP OGCC

API Number : 05- 123 47913 00 OGCC Facility ID Number: 457378  
Well/Facility Name: KNIGHT Well/Facility Number: 6  
Location QtrQtr: SWNE Section: 30 Township: 3N Range: 68W Meridian: 6  
County: WELD Field Name: WATTENBERG  
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 40.197750 GPS Quality Value: 1.9 Type of GPS Quality Value: PDOP Measurement Date: 10/19/2017  
Longitude -105.041970 GPS Instrument Operator's Name Brian Rottinghaus

### LOCATION CHANGE (all measurements in Feet)

Well will be: HORIZONTAL (Vertical, Directional, Horizontal)

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

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

Current **Surface** Location **From** QtrQtr SWNE Sec 30

New **Surface** Location **To** QtrQtr SWNE Sec 30

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 30

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 6 Twp 2N

New **Bottomhole** Location Sec  Twp

Is location in High Density Area?

Distance, in feet, to nearest building 618, public road: 733, above ground utility: 443, railroad: 5280,

property line: 230, lease line: 460, well in same formation: 165

Ground Elevation 4994 feet Surface owner consultation date

FNL/FSL		FEL/FWL	
2153	FNL	1558	FEL
2183	FNL	1558	FEL
Twp <u>3N</u>	Range <u>68W</u>	Meridian <u>6</u>	
Twp <u>3N</u>	Range <u>68W</u>	Meridian <u>6</u>	
1781	FNL	1155	FEL
			**
Twp <u>3N</u>	Range <u>68W</u>		
Twp <u></u>	Range <u></u>		
2064	FNL	1155	FEL
			**
Twp <u>3N</u>	Range <u>68W</u>	** attach deviated drilling plan	
Twp <u></u>	Range <u></u>		

**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 KNIGHT Number 6 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 (Form 2) – 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 08/01/2020

☐ REPORT OF WORK DONE Date Work Completed \_\_\_\_\_

- ☐ Intent to Recomplete (Form 2 also required)
- ☐ Request to Vent or Flare
- ☐ E&P Waste Mangement Plan
- ☒ Change Drilling Plan
- ☐ Repair Well
- ☐ Beneficial Reuse of E&P Waste
- ☐ Gross Interval Change
- ☐ Rule 502 variance requested. Must provide detailed info regarding request.
- ☐ Other \_\_\_\_\_
- ☐ Status Update/Change of Remediation Plans for Spills and Releases

#### COMMENTS:

Request to change the SHL, requiring Casing & Cement & MD updates. Updated Plat, Directional Data, & Deviated Drilling Plan attached.

#### 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
Conductor Casing	26				16				43	0	80	400	80	0
Surface String	13	1		2	9	5		8	36	0	1500	839	1500	0
First String	8	1		2	5	1		2	17	0	18231	3253	18231	0

#### 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**

<b><u>No</u></b>		<b><u>BMP/COA Type</u></b>	<b><u>Description</u></b>

**Operator Comments:**

Request to change the SHL, requiring Casing & Cement & MD updates. Updated Plat, Directional Data, & Deviated Drilling Plan attached.

Distance to nearest well in the same formation is to the KNIGHT 5: 165', Measurement determined using 3D SYSDRILL SOFTWARE.

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

Signed: \_\_\_\_\_ Print Name: PAUL GOTTLÖB  
Title: Regulatory & Engin. Tech. Email: paul.gottlob@iptenergyservices.com Date: 7/20/2020

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

COGCC Approved: Haverkamp, Curtis Date: 8/10/2020

**CONDITIONS OF APPROVAL, IF ANY:**

<b>COA Type</b>	<b>Description</b>
	<p>Operator acknowledges the proximity of the listed wells. Operator assures that this offset will be remediated per the DJ Basin Horizontal Offset Policy (option 4). Operator will submit a Form 42 ("OTHER – AS SPECIFIED BY PERMIT CONDITION") stating that appropriate mitigation will be completed, during the hydraulic stimulation of this well. This Form 42 shall be filed 48 hours prior to stimulation. A downhole plug will be set above the Niobrara formation top. A Bradenhead test will be performed on the offset wells listed below within 30 days prior to the beginning of stimulation of this well. Surface and production casing pressures of this offset well list will be actively monitored during stimulation of this well. Operator will assure that the offset well's bradenhead is open and actively monitored during the entire stimulation treatment of this pad and monitored for any evidence of fluid. If there is indication of communication between the stimulation treatment and an offset well, treatment will be stopped and COGCC Engineering notified.</p> <p>(123-37399) SRC Union #C-5NHZ (123-38451) SRC Union #C-5CHZ (123-37396) SRC Union #12-5CHZ (123-37400) SRC Union #12-5NHZ (123-37397) SRC Union #A-5NHZ (123-37398) SRC Union #A-5CHZ</p>

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
		Stamp Upon Approval

Total: 0 comment(s)

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
402443835	SUNDRY NOTICE APPROVED-LOC-DRLG-CSG
402443926	WELL LOCATION PLAT
402443927	DEVIATED DRILLING PLAN
402443928	DIRECTIONAL DATA
402462597	FORM 4 SUBMITTED

Total Attach: 5 Files